



Commonwealth of the Northern Mariana Islands

Division of Historic Preservation
Department of Community & Cultural Affairs
Caller Box 10007, Airport Road



Application for Historic Preservation Review

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The Division of Historic Preservation is responsible for ensuring that the Commonwealth's historic and archaeological resources are not needlessly destroyed by development projects. In order to determine whether your project poses a threat to these resources, the Division requires the following information.

Applicant:

Applicant's Representative (If any):

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone # \_\_\_\_\_

Telephone # \_\_\_\_\_

Date of Application: \_\_\_\_\_

Received by: \_\_\_\_\_

Location of Project: Island: \_\_\_\_\_ Village or District: \_\_\_\_\_

(Please attach a detailed road map (location map) to project site. Additionally, please provide a plot plan which shows the project's relative location to property boundaries).

Project Name: \_\_\_\_\_

Project Description: \_\_\_\_\_

\_\_\_\_\_

(Please attach excavation and grading plan, where applicable).

Please check box that indicates type of activity needed for your project.

Table with 2 columns of activities (Landclearing, Grading, Excavation, Trenching, Hand Dig, Backfilling, Construction, Soil testing/boring, Demolition) and 2 columns of Yes/No checkboxes.

Total land area to be cleared or developed \_\_\_\_\_ Sq. meter or \_\_\_\_\_ hectares

Is project site located within: Coastal Beach \_\_\_\_ Coastal Plain \_\_\_\_ Wetland \_\_\_\_  
Mountain \_\_\_\_ Valley \_\_\_\_ Savanna \_\_\_\_ Coastal Plateau \_\_\_\_

Are there any known historic/archaeological properties on the site? Yes \_\_\_\_ No \_\_\_\_

If yes, (1). What type of site(s) are present? \_\_\_\_\_

(2). Will these site(s) be affected by your project? Yes \_\_\_\_ No \_\_\_\_

**For Demolition of Structures: (HPO Official Only)**

(1) Approximately how old is the structure for demolition? \_\_\_\_\_

(2) Is the structure a historic site or eligible to the National Register for Historic Places? \_\_\_\_\_

(3) If the Structure is a historical, please provide the following to expedite the review process:

**(Clearance will not be processed without required documents)**

a) Letter of Intent to Demolish, including reason for demolition: \_\_\_\_\_

b) Acceptable photos: At least eight (8) 4 X 6 photos of the surrounding (& inside) structure to be demolished: \_\_\_\_\_

c) Acceptable "As Built" Drawing of Structure: \_\_\_\_\_

**Type of Project:**

Commercial \_\_\_\_ Residential \_\_\_\_ Agricultural \_\_\_\_ Grazing \_\_\_\_ Gov't. \_\_\_\_

Funding: (for Government Projects) Section 702 \_\_\_\_\_ or CIP \_\_\_\_\_

Project site is located on Public \_\_\_\_\_ or Private land \_\_\_\_\_

Lot number: \_\_\_\_\_

Plat number: \_\_\_\_\_

Block number: \_\_\_\_\_

Name of Owner as indicated on Title deed or Quitclaim deed: \_\_\_\_\_

Name of Lessor (If property is being leased) \_\_\_\_\_

Project will commence on or about \_\_\_\_\_ following issuance of permit and will be completed on or about \_\_\_\_\_.

In order for your project to be reviewed by this office, this application must be filled out completely. It is very important for you to submit pertinent documents, specifically a location or vicinity map, plot plan, construction, excavation and grading plans. All complete applications will be reviewed by the Division of Historic Preservation within a two week period. Any special conditions governing your project will be sent to the appropriate permitting agency. Failure to comply with special conditions will result in a stop work order and possible legal action.

I certify under penalty of perjury that all answers or statements made in this application are true, complete and correct to the best of my knowledge and are made in good faith. I also understand that any false answers or statements may be grounds for clearance denial and/or a civil fine not to exceed \$10,000.00 (If you have any questions or comments regarding the above, please ask HPO personnel to clarify prior to signing the application.

**Signature of applicant (or authorized representative):** \_\_\_\_\_

**Date of signature:** \_\_\_\_\_