Kentucky Certified Local Government Report Form

Review of National Register Nomination by Local Authority

*(Type and print your responses, then sign and return to the Kentucky Heritage Council, which is the State Historic Preservation Office (SHPO). The document has been set up as an electronic form for convenience.)*

**Name of Certified Local Government (CLG)**:

**Name of Property under Review**:

**Initiation**: *(Check one response.* ***Enter this date, and all others, using the m/d/yy format****).*

[ ]  The nomination was submitted by the CLG to the Kentucky Heritage Council with this form and requests that the nomination be reviewed by KHC as soon as possible. Date submitted to KHC:

[ ]  KHC submitted nomination to the CLG for review. The CLG has 60 days to review the nomination and return this report form to KHC. Date nomination was received by CLG:

**Date of Public Meeting in which Nomination was Reviewed by the CLG:** **No. of public attendees:**

**Review Basis:** *(Check at least one box of Resource Type/Criterion).*

 **Resource Type Criterion Selected on Nomination Form**

**[ ]** Historical [ ] National Register Criterion A or B

 [ ] Architectural [ ] National Register Criterion C

 [ ] Archaeological [ ] National Register Criterion D

 **Name of Commission Member(s) with Expertise in Area of Significance** *(Fill in if applicable to your commission).*

Historian (when property meets Criterion A or B):

 Architectural Historian/Architect (for Criterion C):

 Archaeologist (when property meets Criterion D):

**Recommendation:** *(Please check the box that is appropriate to the nomination. Attach* ***any*** *relevant documentation, such as commission reports, staff reports/recommendations, public comments, and/or meeting minutes).*

 [ ]  The Commission recommends that the property or properties should be listed on the National Register of Historic Places.

[ ]  The Commission recommends that the property or properties should ***not*** be listed in the National Register of Historic Places for the following reasons:

**Commission Chair or Representative**: **[ ]  Approved** **[ ]  Not Approved**

 Print Name:

 Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Chief Elected Official:** **[ ] Approved** **[ ] Not Approved**

Print Name/Title:

 Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_