



**CALVERT COUNTY DEPT. OF PLANNING & ZONING
Historic & Archaeological Resources Referral Form**

PROJECT INFORMATION	
Subdivision Name:	Subdivision: <input type="checkbox"/> Major #SD <input type="checkbox"/> Minor #MSD
Type of Subdivision: <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Mixed Use <input type="checkbox"/> Institutional	

PROPERTY INFORMATION					
Tax Map No.	Parcel No.	Tax ID No.	Lot	Block	Section

Road Frontage(s):

Instructions to Applicants/Owners:
In the space provided below, list all structures currently existing on the property and indicate whether they are proposed to be retained or removed. Attach photographs and a sketch/plat of the property indicating the location of the structures. Also, indicate whether applicant/owner is aware of any historical or archaeological significance relating to the structures (attached separate sheets if necessary).

Structure 1:	Proposed to be <u>Retained</u> <input type="checkbox"/> <u>Removed</u> <input type="checkbox"/>
Structure 2:	Proposed to be <u>Retained</u> <input type="checkbox"/> <u>Removed</u> <input type="checkbox"/>
Structure 3:	Proposed to be <u>Retained</u> <input type="checkbox"/> <u>Removed</u> <input type="checkbox"/>
Structure 4:	Proposed to be <u>Retained</u> <input type="checkbox"/> <u>Removed</u> <input type="checkbox"/>

OWNER INFORMATION			
Owner's Name(s):			
Signature:		Date:	
Address:		Phone:	
City:		State:	Zip Code:
Phone:	Fax:	Email:	

APPLICANT/AGENT INFORMATION (if different than owner)			
Applicant's Name(s):			
Signature:		Date:	
Address:		Phone:	
City:		State:	Zip Code:
Phone:	Fax:	Email:	

DEPARTMENT OF PLANNING & ZONING STAFF REVIEW:	
Probability of Archaeological Resources on site: Probability High <input type="checkbox"/> Moderate <input type="checkbox"/> Low <input type="checkbox"/>	
Structures are included in the Calvert County Historic Sites Survey: No <input type="checkbox"/> Yes <input type="checkbox"/> CT Case No.:	
Further Action Required: No <input type="checkbox"/> Yes <input type="checkbox"/>	
If yes, describe:	
Reviewed By: <div style="text-align: center;"> <hr style="width: 80%; margin: 0 auto;"/> Kirsti Uunila RPA </div>	Date: