CCCHP Grant Program



REQUEST FOR PERMISSION TO UNDERTAKE STRUCTURAL OR VISUAL ALTERATIONS

Name of Organization or Owner Requesting Permission: Mailing Address: Property Name:		
Year Property Built:	Expiration Date o	f Covenants:
Organization or Owner is requ	venants (Stipulation 2) in effect on the pro esting written permission to undertake vi mentation. (Use as many pages as needed	sual or structural alterations as
Submit request form, descriptinfo@shpo.nv.gov or by main	otion of work, and supplementary material to:	als to ccchp -
	State Historic Preservation Office 901 S. Stewart St., Ste. 5004 Carson City, NV 89701-5247	ce
Proposed work must not beg Preservation Office.	in until this form has been reviewed and	approved by the State Historic
Service's Technical Preservati	must follow the SOI Standard for Rehabi on Services website (https://www.nps.gov through the preservation tech notes and p	/tps/standards.htm) Click on the top
Secretary of the Interior (SO) treatments/treatment-rehabi	I) Standards for Rehabilitation: https://ww litation.htm	vw.nps.gov/tps/standards/four-
Request Submitted by:		
Print Name	Signature	Date
Title	Organization (if applicable)	
Email	Phone	

CCCHP Handbook - Permission Form page 27.

Permission Form 1 of 2

CCCHP Grant Program



REQUEST FOR PERMISSION TO UNDERTAKE STRUCTURAL OR VISUAL ALTERATIONS

Name of Organization or Owner Requesting Permission: Documentation (*required) Please check boxes for all attached documentation.			

Description of Proposed Work (attach additional pages as needed)