## **CCCHP Grant Program**



## **REQUEST FOR PERMISSION TO UNDERTAKE STRUCTURAL OR VISUAL ALTERATIONS**

Mailing Address:Property Name:		
Property Address:Expiration Date of Covenants:		
Year Property Built:	Expiration Date of	f Covenants:
Organization or Owner is requ	venants (Stipulation 2) in effect on the pro- esting written permission to undertake vis mentation. (Use as many pages as needed)	sual or structural alterations as
Submit request form, descrip ccchp@shpo.nv.gov or by m	otion of work, and supplementary materia ail to:	ls to
	State Historic Preservation Off 901 S. Stewart St., Ste. 3002 Carson City, NV 89701	ice
Proposed work must not beg Preservation Office.	in until this form has been reviewed and a	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	w.nps.gov/tps/standards/four-
Request Submitted by:		
Print Name	Signature	Date
Title	Organization (if applicable)	
Email	Phone	

CCCHP Handbook - Permission Form page 27.

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## **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)