| Please mail the completed formed required materi New Hampshire Division of Historical Resources State Historic Preservation Office Attention: Review & Compliance 19 Pillsbury Street, Concord, NH 03301-3570 | al to: RECEIV AUG 1 3 20 | ED 2 | DHR Use Only R&C # $4/04$ Log In Date $8/13/12$ Response Date $8/17/12$ Sent Date $8/20/12$ | |
|---|---|--------------|---|--|
| Request for Pr New Hampshire Divis | | | irces | |
| This Project is funded by the American Recove | | ent Act | | |
| Project Title Carriage Hill Assisted Living | | | | |
| Project Location 304 Knox Marsh Road, Madbury | | | | |
| Tax Map & Lot # Map 9, Lots 8 and 8A | | | | |
| NH State Plane - Feet Geographic Coordinates: Easting 1182833Northing 245256WGS84 datum(see RPR instructions for help accessing this data) | | | | |
| Lead Federal Agency EPA NPDES (Agency providing funds, licenses, or permits) Permit or Job Reference # | | | | |
| State Agency and Contact (if applicable) NHDOT-Jin | n Driver | | | |
| Permit or Job Reference # | | | | |
| APPLICANT INFORMATION | | | | |
| Applicant Name Albert & Sara Nadeau | | | | |
| Street Address PO Box 7079 Phone Number 6038170120 | | | | |
| City Gonic State NH Zip 03839 Email alnadoelec@aol.com | | | | |
| CONTACT PERSON TO RECEIVE RESPONSE | | Len Contract | | |
| Name/Company John P. Lorden, PE, MSC Civil Engi Mailing Address 170 Commerce Way, Suite 102 City Portsmouth State NH Zip 03801 Email | neers & Land Survey Phone Number jlorden@mscenginee | 6034312222 | | |

Thank You

Please refer to the Request for Project Review instructions for direction on completing this form. Submit one copy of this project review form for each project for which review is requested. <u>Include a self-addressed stamped envelope</u> to expedite review response. Project submissions will not be accepted via facsimile or e-mail. This form is required. Review request form must be complete for review to begin. Incomplete forms will be sent back to the applicant without comment. Please be aware that this form may only initiate consultation. For some projects, the Division of Historical Resources (DHR) may require additional information to complete our review. All items and supporting documentation submitted with a review request, including photographs and publications, must be retained by the DHR as part of its review records. Items to be kept confidential should be clearly identified. For questions regarding the DHR review process, please visit our website at: http://www.nh.gov/nhdhr/review or contact the R&C Specialist at 603.271.3558.

| PROJECT BOUNDARIES AND SESCRIPTION | | | |
|---|---|--|--|
| PROJECTS CANNOT BE PROCESSED WITHOUT THIS INFORMATION | | | |
| REQU | IRED | | |
| | Attach the relevant portion of a 7.5' USGS Map (photocopied or computer-generated) <i>indicating the defined project boundary.</i> Attach a detailed written description of the proposed project. Include: (1) a narrative description of the proposed project; (2) site plan; (3) photos and description of the proposed work if the project involves rehabilitation, demolition, additions, or alterations to existing buildings or structures; and (4) a photocopy of the relevant portion of a soils map (if accessible) for ground-disturbing projects. | | |
| Arch | <u>itecture</u> | | |
| Are | there any buildings or structures within the project area? \square Yes \square No | | |
| | If yes, submit all of the following information: | | |
| Approximate age(s): main house c.1790, poultry houses/storage facility c.1935, c.1952 | | | |
| \boxtimes | Photographs of <i>each</i> building located within the project area along with a photo key. Include streetscape images if applicable. (Digital photographs are accepted. All photographs must be clear, crisp and focused) DHR file review conducted on 8/3/2012 Provide file review results in project narrative. | | |
| Arch | Please note that as part of the review process, the DHR may request an architectural survey or other additional information. <u>aeology</u> | | |
| Does | the proposed undertaking involve ground-disturbing activity? 🛛 🖾 Yes 🔲 No | | |
| If yes, submit all of the following information: | | | |
| Project specific map and/or preliminary site plan that fully describes the project boundaries and areas of proposed excavation. Description of current and previous land use and disturbances. Any available information concerning known or suspected archaeological resources within the project area. Please note that as part of the review process, the DHR may request an archaeological survey or other additional information. | | | |
| DH | R COMMENT This Space for Division of Historical Resources Use Only | | |
| | Potential to cause Effects Additional information is needed in order to complete our review Adverse Effect No Historic Properties Affected Adverse Effect ents: | | |
| | | | |
| Histori | ized Signature: $SMMyyyy$ Date: $8/17/12$ | | |
| Author | ized Signature: CAMULY Date: 8/17/12 | | |

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