

**State of Kansas
Capitol Preservation Committee**

**Request for Approval
of Architectural Modifications**

NOTE: Submit the completed Request for Approval and all required attachments to the Kansas Statehouse Architect at address shown below.

DATE: _____

APPLICANT INFORMATION

Name of Person Making Request: _____

Address:

Organization: _____

Street or P.O. Box: _____

City: _____ State: _____ Zip Code: _____

Telephone: (____) _____ Ext. _____ Fax: (____) _____ Ext. _____

Email: _____

SPONSOR INFORMATION

Name: _____

Street or P.O. Box: _____

City: _____ State: _____ Zip Code: _____

Telephone: (____) _____ Ext. _____ Fax: (____) _____ Ext. _____

Email: _____

Submission of a proposal does not guarantee approval or acceptance of the project.

Proposals should be submitted to:

Statehouse Architect, 1000 SW Jackson, Ste 500, Topeka, Kansas, 66612-1354

Capitol Preservation Committee

Date: 11-13-14

Attachment: 5

ARCHITECTURAL MODIFICATIONS PROPOSAL

All architectural proposals must include scaled architectural plans or renderings with this form before they will be considered. If additional space is needed, the general concept of the project, including the plans and project timeline, can be presented on a separate form, limited to two pages.

If any project approved by the Capitol Preservation Committee includes elements of a permanent display or monument, either in the Capitol or on the grounds, pursuant to KSA 75-2269, the project must be authorized by the passage of a bill of the State Legislature.

Brief Description of Proposal:
Provide Project Timeline:

Scaled architectural plans/renderings included (required): Yes

DO NOT WRITE BELOW THIS LINE – FOR CAPITOL PRESERVATION COMMITTEE USE ONLY

DATE: _____

The request is referred to the State Historic Preservation Officer (SHPO) on _____, 20____ (date).

1. The project does not in any way alter the historic character of the Capitol. Yes No
2. If "No" is indicated above, then the project has the potential to alter the historic character of the Capitol and is submitted to the SHPO on _____, 20____ (date).
3. SHPO review, completed on _____, 20____ (date), is attached to this request.
4. Request and SHPO review provided to the Committee on _____, 20____ (date).

Committee action taken on _____, 20____ (date), to: Approve Deny