

Report # 2002-047
Coordinator CURTIS

**APPLICATION FORM FOR
CERTIFICATE OF NO EFFECT
OR CERTIFICATE OF APPROVAL
RE: ARCHAEOLOGICAL
RESOURCES ORDINANCE**

**PRESERVATION DIVISION
CITY OF SCOTTSDALE**

Quarter Section: 31-50

Book/Map/Parcel: 217-24-033
032

Street Address: 12855 N.
94th St

26-PP-2005
12/29/2005

APPLICANT NAME: Legend Development IV LLC

ADDRESS: 14231 N 7th St # 6A
Phoenix AZ 85260

TELEPHONE #: 602-454-1000 FAX#: 602-454-1000 E-MAIL: 16menders@legend-builders.com

OWNER NAME: Collin L. Moursersurt

ADDRESS 12855 N 94th St
Scottsdale AZ 85260

TELEPHONE#: _____ FAX# _____ E-MAIL: _____

NOTES: R1-35 to R1-7

DEVELOPMENT PROJECT APPLICATION

<input checked="" type="checkbox"/> Rezoning <u>325-PA-2002</u>	<input type="checkbox"/> Use Permit	<input type="checkbox"/> General Plan
<input type="checkbox"/> Preliminary Plat	<input type="checkbox"/> Final Plat	<input type="checkbox"/> Master Plan
<input type="checkbox"/> Development Review Board	<input type="checkbox"/> Grading Permit	<input type="checkbox"/> Lot Split
<input type="checkbox"/> Building Permit	<input type="checkbox"/> Infrastructure Imp.	
<input type="checkbox"/> Native Plant		

ARCHAEOLOGICAL SURVEY & REPORT

Archaeological Survey and Report Submitted Date: _____

Name of Report: An Archaeological Survey of 10 Acres at 12855 North 94th St. Scottsdale
Prepared by: Joel White, A.E. (Gene) Rogge/URS Arizona

APPLICANTS/ARCHAEOLOGISTS STOP HERE

Report # _____
Coordinator _____

THIS SIDE OF FORM TO BE COMPLETED BY CITY

Accepted by _____ Complete/Approved _____ (Historic Preservation Officer/City Archaeologist)	Date _____ Date <u>9/12/02</u>
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CERTIFICATE OF NO EFFECT

- Approved, in accordance with the following findings
 - No archaeological resources are located on the property
 - No significant archaeological resources are impacted
 - Significant archaeological resources are protected
Type of permanent protection provided _____
Documentation of permanent protection provided and approved _____

Denied, Certificate of Approval Required

Signature [Signature] Date 9/12/02 PER LSD REVIEW COMMENTS.
(Historic Preservation Officer/City Archaeologist)

CERTIFICATE OF APPROVAL

Dates

- _____ Submittal of Revised Archaeological Survey and Report
- _____ Approved Revised Archaeological Survey and Report
- _____ Submittal of Mitigation Plan
- _____ Approved Mitigation Plan by HPO/Archaeologist: _____ OR
Historic Preservation Commission: _____
- _____ Satisfactory Implementation of Mitigation Plan

Denied _____

Approved

Signature _____ Date _____
(Historic Preservation Officer/City Archaeologist)

APPEALS

<u>Certificate of No Effect</u>	<u>Certificate of Approval</u>	<u>Mitigation Plan</u>
Appeal Date: _____	Appeal Date: _____	Appeal Date: _____
HPC Hearing: _____	HPC Hearing: _____	HPC Hearing: _____
HPC Decision: _____	HPC Decision: _____	HPC Decision: _____
CC Hearing: _____	CC Hearing: _____	CC Hearing: _____
CC Decision: _____	CC Decision: _____	CC Decision: _____