

15-ZN-2005

Report # 2005-024
Coordinator CURTIS

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

PRESERVATION DIVISION
CITY OF SCOTTSDALE

Quarter Section	44-45
Book/Map/Parcel	212-02-001C 001D
Street Address	SEC OF SCOTTSDALE PINNACLE PEAK

001C
001F
f

APPLICANT NAME JOHN BERRY, BERRY + DAMORE
 ADDRESS 6750 E. CAMELBACK RD.
 TELEPHONE # _____ FAX# _____ E-MAIL _____
 OWNER NAME MICHAEL PACHECO
 ADDRESS 1550 E MISSOURI
 TELEPHONE# _____ FAX# _____ E-MAIL _____
 NOTES SILVERSTONE / LAWNIDE

DEVELOPMENT PROJECT APPLICATION

<input checked="" type="checkbox"/> Rezoning 15-ZN-2005	<input checked="" type="checkbox"/> Use Permit 13-UP-2005	<input checked="" type="checkbox"/> General Plan 7-GP-2005
<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 NOV. 2003
 Name of Report SURVEY OF 160 AC. AT SEC OF SCOTTSDALE + PINNACLE RDS.
 Prepared by CHRIS NORTH, SWCA

APPLICANTS/ARCHAEOLOGISTS STOP HERE

15-EN-2005

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THIS SIDE OF FORM TO BE COMPLETED BY CITY

Accepted by _____ Complete/Approved <u>[Signature]</u> (Historic Preservation Officer/City Archaeologist)	Date _____ Date <u>8/22/05</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 8/24/05 PER ACS REVIEW
(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

Certificate of No Effect

Certificate of Approval

Mitigation Plan

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 _____