



# Archaeological Review Committee

## Application for Project Review

### DISTRICT

Historic Downtown \_\_\_\_\_

River and Trails \_\_\_\_\_

Suburban \_\_\_\_\_

### APPLICATION

Monitoring Plan \_\_\_\_\_

Reconnaissance Report \_\_\_\_\_

Preliminary Treatment Report \_\_\_\_\_

Archaeologist/Historian Listing \_\_\_\_\_

Monitoring Report \_\_\_\_\_

Treatment Plan \_\_\_\_\_

Final Treatment Report \_\_\_\_\_

Other \_\_\_\_\_

Report Name \_\_\_\_\_

NMCRIS# \_\_\_\_\_

### PROJECT

Project Name \_\_\_\_\_

Project Location \_\_\_\_\_

Project Surface Disturbance (sq. ft.) \_\_\_\_\_

Development Acreage \_\_\_\_\_

Utility Type \_\_\_\_\_

Utility length \_\_\_\_\_

### APPLICANT

Archaeological Consultant \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Applicant \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Owner (if different) \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

I certify that the documents submitted herein to the Archaeological Review Committee meet the minimum standards set forth in the Archaeological Ordinance, Section 14-5.3 and applicable policies. Failure to meet these standards, policies, or incomplete submissions may result in a delay processing this application.

Signature of Archaeological Consultant or Applicant \_\_\_\_\_

Date \_\_\_\_\_

### FOR OFFICIAL USE ONLY

Date Received \_\_\_\_\_

Case \_\_\_\_\_

Hearing Date \_\_\_\_\_