ARCHAEOLOGICAL SUMMARY AND PERMIT AND APPROVAL

Case File Number AR-01-06 Date Application Submitted 1-05-06

District: Historic Downtown District X ; River & Trails-Regular ____ ; Santa Fe Trail ____ ; Suburban ____

Building Sq. Ft. ____ Development Acreage .5 acres

Project Description: Reconnaissance Report

Site Address/Location: 815-817 E. Alameda Property Owner: ____

Permit: Grading ____ ; Development ____ ; Building ____

Applicant Information: Name: Leonard Saiz

Mailing Address: P.O. Box 2211, SF, NM 87504 Phone No.: 505-690-2073

Archaeological Consultant: Thomas McIntosh, P.O. Box 909, Santa Fe, NM 87504

RECONNAISSANCE REPORT

1. ___ Project Archaeologist's Resume
2. ___ Vicinity Map
3. ___ Project Site Description
4. ___ Development Project Description
5. ___ Outline of Research & Methodology
6. ___ Site Map or Aerial Photograph at a Minimum of 1"=200' for Downtown Dist. & 1"=400' for other Districts
7. ___ Archival Research
   a. ___ Historic Maps & Aerial Photos
   b. ___ ARMS Files & Archaeological Reports
   c. ___ General Land Office (BLM) Surveys or Land Grant Plats
   d. ___ 1917 Hydrological Survey and Santa Fe Acequia System Report (needed if acequia present or nearby)
   e. ___ National and State Register Nominations (needed if in Historic Downtown District or near Historic Structure)
   f. ___ Historic Photos (needed if in Historic Downtown District)
   g. ___ Information from Title Abstract (if available)
8. ___ 2% Testing (Historic Downtown District Only)
9. ___ Description of Prehistoric & Historic Occupation & Land Use
10. ___ Description of Cultural Remains Discovered and Significance
11. ___ NM Site Inventory Forms and Other Documentation
12. ___ Recommended Site Significance
13. ___ Assessment of Development's Impact on Cultural Remains
14. ___ Recommended Treatment for Site
15. ___ Listing of Sources, i.e. historic maps, aerials, reports, etc.

X **ARC APPROVAL: MEETING DATE:** June 9, 2006
Special Conditions: ____ Yes (see attachment)
____ No

TREATMENT PLAN REQUIRED:

Yes:____ No:____

____ **TREATMENT PLAN ARC APPROVAL: MEETING DATE:** ____
Special Conditions: ____Yes (see attachment) ____No

PRELIMINARY TREATMENT REPORT

___ a. Research Design Outline
___ b. Site Map of Excavations
___ c. Other Documentation: Photographs and New Mexico Site Inventory Forms; if applicable
___ d. Description of Cultural Remains Discovered
___ e. Description of Prehistoric and Historic Occupation and Land Use
___ f. Listing of Sources

TREATMENT REPORT ARC APPROVAL: MEETING DATE: ____
Special Conditions: ____ Yes (see attachment) ____ No

FINAL TREATMENT REPORT

____ Date Final Report Due ____ Date Final Report Received

PLU010.PM5 - 9/94

Permit Approved: [signature] Date: 6/9/06
Archaeological Review Committee Chairperson