



ARCHAEOLOGICAL INFORMATION SHEET
CITY OF PHOENIX UTILITY PERMIT APPLICATION

(To only be completed by an AAA-qualified Professional Archaeologist who holds an Arizona Antiquities Act Blanket Permit)

Utility Company: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

Address of Proposed Job: \_\_\_\_\_ Utility Job #: \_\_\_\_\_

Job Location (Township / Range/ 1/4 Section): \_\_\_\_\_

Name of Archaeological Consultant Company: \_\_\_\_\_

- 1. Provide the date of required site search on AZSITE. Month: \_\_\_\_\_ Day: \_\_\_\_\_, 20 \_\_\_\_
2. Provide the date of the required site search on the Pueblo Grande Museum, City of Phoenix Archaeology Office GIS database. Month: \_\_\_\_\_ Day: \_\_\_\_\_, 20 \_\_\_\_
3. Is this project area within the boundaries or buffer zone of a known archaeological site or canal? YES \_\_\_\_\_ NO \_\_\_\_\_
4. Is archaeological monitoring required? YES \_\_\_\_\_ NO \_\_\_\_\_

If YES to either Questions 3 or 4, please fill out this section below, then Question 5 and the signature section.

If NO to both questions 3 and 4, proceed to Question 5 and the signature section of form.

- i. If there is an archaeological site(s) present, provide the site number(s)/name(s): \_\_\_\_\_
ii. Are there sites present that are registered with the Arizona State Museum (ASM) (e.g., with "ASM" suffix)? YES \_\_\_\_\_ NO \_\_\_\_\_
iii. If YES to ii, has a project-specific Arizona Antiquities Act permit application been submitted to ASM? YES \_\_\_\_\_ NO \_\_\_\_\_ If YES, date of AAA permit application. Month: \_\_\_\_\_ Day: \_\_\_\_\_, 20 \_\_\_\_
iv. Note that a burial agreement pursuant to ARS 41-844 may also be required from ASM.

5. NO Monitoring /NO Permit: \_\_\_\_ Monitoring Required / NO Permit: \_\_\_\_ Monitoring AND Permit Required: \_\_\_\_

I certify that the information provided on this form is correct and completed in compliance with the Arizona Antiquities Act and the requirements set forth by the Arizona State Museum.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Name of the Arizona Antiquities Act-qualified Professional Archaeologist (person who completed this form)

Signature of the Arizona Antiquities Act-qualified Professional Archaeologist \_\_\_\_\_ Date \_\_\_\_\_

Arizona Antiquities Act Blanket Permit Number \_\_\_\_\_

Title of the Individual on AAA Blanket Permit \_\_\_\_\_

Submit this completed form to the City of Phoenix Archaeology Office: archaeology@phoenix.gov