

Date: 04/07/10

CSH Job Code: HONOLULI 18

Submittal Sheet for Historic Preservation Review Filing Fees

State Historic Preservation Division
Department Land and Natural Resources

Agency/Firm (Requesting Review): Cultural Surveys Hawaii, Inc.

Contact: Matt McDermott

Phone: 262-9972 Fax: 262-4950

Address: P. O. Box 1114 Kailua, HI 96734

E-Mail: mmcdermott@culturalsurveys.com

Title of Report/Plan:

Archaeological Inventory Survey of Construction Phase I for the Honolulu High-Capacity Transit Corridor Project

| | | |
|----------------------|-----------------------|--|
| Island: <u>O'ahu</u> | District: <u>'Ewa</u> | Ahupua'a: <u>Honolulu, Hō'ea'e, Waikale, Waipi'o, Waiawa, and Manana</u> |
|----------------------|-----------------------|--|

TMK: TMK: [1] 9-1, 9-4, 9-6, 9-7 (Various Plats and Parcels))

| | |
|---|----------------------------------|
| Acreage inventoried (hectares): | Number of new sites inventoried: |
| Please characterize survey level: <u>Reconnaissance or Intensive</u> | |

2010 APR -7 P 3:16

RECEIVED
HISTORIC PRES. DIV.
DEPT. OF LAND &
NATURAL RESOURCES

Submitted Plan/Report Fee & Type: (All reports or plans submitted to the SHPD for review shall be accompanied by the appropriate fee in accordance with HAR §13-275-4 and §284-4).

- Check if Report is a Re-Submittal (no fee charged)
- \$50 Archaeological Assessment
- \$150 Archaeological Inventory Survey Plan
- \$450 Archaeological, Architectural or Ethnographic Survey Report
- \$150 Preservation Plan
- \$25 Monitoring Plan
- \$150 Archaeological Data Recovery Plan
- \$250 Burial Treatment Plan
- \$100 Archaeological Monitoring Report, if resources reported
- \$450 Archaeological Data Recovery Report
- \$450 Ethnographic Documentation Report
- \$25 Burial Disinterment Report
- \$50 Osteological Analysis Report

Fee Total: 0.00 (Make check payable to "Hawaii Historic Preservation Special Fund")
For Office Use Only:

| | |
|----------------|-------------------------|
| Date Received: | Payment Method: |
| | Cash \$ _____ |
| | Check: Check No.: _____ |
| Log. No.: | Receipt Issued: |