

**VIRGINIA DEPARTMENT OF HISTORIC RESOURCES
PERMIT APPLICATION FOR ARCHAEOLOGICAL EXCAVATION OF HUMAN REMAINS**

Please print or type all information. If a request does not apply to your project, please print or type "N/A" in the space provided. If additional space is required, please attach as many extra sheets as necessary. Failure to provide a complete application (including requested attachments) will result in denial of the requested permit. Please forward any questions to Joanna Wilson Green (telephone 804-482-6098, email joanna.wilson@dhr.virginia.gov).

1. APPLICANT'S NAME AND CONTACT INFORMATION:

Name/Title: Dana Snyder / Project Manger
Company/Organization/Affiliation: Virginia Institute of Marine Science
Street Address: 1375 Greate Road
City/State/ZIP: Gloucester Point, VA 23062
Mailing Address: PO Box 1346
Telephone No.: (804) 684-7824 Fax No.: ()
Email: DWSnyder@VIMS.edu

PROPERTY OWNER'S NAME AND CONTACT INFORMATION (if different from above)

Name/Title: Joseph Martinez / Chief Operations Officer
Company/Organization/Affiliation: Virginia Institute of Marine Science
Street Address: 1375 Greate Road
City/State/ZIP: Gloucester Point, VA 23062
Mailing Address: PO Box 1346
Telephone No.: (804) 684-7271 Fax No.: ()
Email: Martinez@VIMS.edu

ARCHAEOLOGICAL CONTRACTOR'S CONTACT INFORMATION:

Principal Name/Title: Lyle E. Browning, RPA
Company/Organization/Affiliation: Browning & Associates, LTD
Street Address: 2240 Chartstone Drive
City/State/ZIP: Midlothian, VA 23113
Telephone No.: (804) 379-1666 Fax No.: ()
Email: lebrowning@att.net

2. PROPERTY INFORMATION:

Name/title of property on which excavation will take place: Virginia Institute of Marine Science
1374 Greate Road
County/independent city: Gloucester Point, VA
State archaeological inventory number: GL39, GL180, GL356, GL358, GL359
State architectural inventory number (if different from above): _____

3. IS THIS APPLICATION PART OF A COURT-ORDERED REMOVAL? Yes: ___ No: x

(If yes) Clerk's name/telephone no: _____
City/County: _____ Docket Number: _____

4. **ARE YOU APPLYING AT THE DIRECTION OF A LOCAL GOVERNMENT, OR STATE OR FEDERAL AGENCY?** Yes No Specify: VIMS is the landowner.
5. **IS THIS ACTION PART OF A PROJECT PREVIOUSLY REVIEWED OR CURRENTLY IN REVIEW BY THE DEPARTMENT OF HISTORIC RESOURCES?** Yes No
DHR project review number (if applicable) _____
6. **IS A PERMIT REQUESTED IN ANTICIPATION OF THE DISCOVERY OF HUMAN REMAINS (BUT NO DISCOVERY HAS YET BEEN MADE)?** Yes No
If yes, describe the factors that suggest the presence of human burials on the subject property (attach additional pages as necessary):

Burials have been discovered randomly on other VIMS projects. The expectation is the same.
7. **IS A WAIVER OF THE PUBLIC NOTICE REQUIREMENT REQUESTED?** Yes No
If yes, describe the specific threat(s) to the human remains and associated funerary artifacts and why this/these threat(s) justify the requested waiver (attach additional pages as necessary):

8. CURATION INFORMATION:

Name of facility providing temporary housing of human remains and associated funerary artifacts:

Radford University Forensic Science Institute

Type of facility: University laboratory

Street address: Box 6939, Preston Hall 253

City/State/ZIP: Radford, VA 24142

Name of contact person for facility: Dr. Clifford Boyd

Contact telephone number: (541) 763-2320 Email: clboyd@radford.edu

Name of facility providing curation for original field notes and documentation (if different):

Browning & Associates, LTD

Type of facility: CRM Firm

Street address: 2240 Chartstone Drivw

City/State/ZIP: Midlothian, VA 23113

Name of contact person for facility: Lyle E. Browning, RPA

Contact telephone number: (804) 379-1666 Email: lebrowning@att.net

9. REBURIAL INFORMATION:

Location for reburial (if known): Undecided.

Street address: _____

City/State/ZIP: _____

10. IS A REBURIAL PLAN IN PLACE? Yes ___ No x

If yes, specify and explain. If no, explain how you plan to approach this issue with descendants and/or other interested parties (attach additional pages if necessary).

If burials are encountered, then descendants will be brought into the picture. If no descendants are located the decision will need to be mutually agreed upon.

11. IS A DISPOSITION OTHER THAN REBURIAL PROPOSED? Yes ___ No x

If yes, complete the attachment found on page 7 (*Justification for Alternative (Non-Reburial) Disposition*)

12. EXPECTED END DATES:

Excavation: October, 2016

Osteological Analysis: October, 2016

Preparation and submittal of final report: January, 2017

Final Disposition: January, 2017

APPLICANTS MUST SIGN

I hereby apply for the permit for the activities described herein. By my signature I hereby certify that I possess adequate resources, financial and otherwise, to ensure that the archaeological project is carried out in its entirety, up to and including the respectful recovery, temporary housing, and reburial or alternative disposition of any and all human remains and associated funerary artifacts recovered pursuant to the permit requested. I understand that work conducted under the permit is not complete until all permit requirements are met, including but not limited to submittal and approval of reports and documentation. I further understand that failure to complete the conditions of the permit within the allotted timeframe, or to obtain an extension of that timeframe from the Department, may result in revocation of the permit and constitute grounds for denial of future permit applications.

I hereby certify that the information submitted in this application is true and accurate to the best of my knowledge, and that I understand my responsibilities with regard to satisfaction of permit conditions and respectful treatment of any and all human remains recovered pursuant to a permit issued to me.



APPLICANT'S SIGNATURE

8/17/16

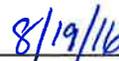
DATE

CONFIRMATION OF LANDOWNER PERMISSION

As legal owner of the property upon which the permitted archaeological excavation will take place, I hereby agree to allow the project archaeologist, project physical anthropologist, and all associated professionals to perform the archaeological excavation and recovery of any human remains and associated funerary artifacts from the property. I also agree to allow the duly authorized representatives of the Department of Historic Resources to enter the property at reasonable times to inspect and document site conditions and project progress.



LANDOWNER'S SIGNATURE



DATE

APPLICANT'S AND CONTRACTOR'S ACKNOWLEDGEMENT FORM

I, Dana Snyder, VIMS Project Manager, have contracted with Lyle E. Browning, President
Applicant's Name Contractor's Name/Title

to perform the work described in the above application signed by me and dated 8/17/16.

We, the undersigned, hereby confirm that we will ensure the respectful and honorable treatment of any and all human remains and associated funerary artifacts from the time of their discovery through the archaeological recovery process, temporary housing, and reburial or agreed-upon alternate disposition. We understand that failure to treat human remains and associated funerary artifacts with respect at all times will result in revocation of the burial permit and possible legal action.

By our signatures we hereby confirm that we will read and abide by all condition and terms set forth in the approved permit as required for all actions described in this application. We understand that work conducted under a burial permit will not be considered complete until all documentation is submitted and approved by the Department, and that all other conditions are met including the respectful disposition of all human remains and associated funerary artifacts. We further understand that failure to complete the conditions of the permit within the specific timeframe or approved extension may result in revocation of the permit and may also result in denial of future permit applications.


Applicant's Signature

8/17/16
Date

Contractor's Signature and Title

Date

