

**VIRGINIA DEPARTMENT OF HISTORIC RESOURCES
APPLICATION FOR ARCHEOLOGICAL INVESTIGATIONS ON STATE LANDS**

Please print or type all answers.

If a question does not apply to your project, please print N/A (not applicable) in the block or space provided. If additional space is needed, attach extra 8½" x 11" sheets of paper. If you have any questions about completing this form, please call or fax Ethel R. Eaton in the Project Review Division at (804) 367-2323, ext. 112; fax (804) 367-2391.

1. Applicant's Name and Address:

Dr., Mr., Mrs., Ms. (circle one) _____
Street Address: _____
City, State, Zip Code: _____
Telephone number: (_____) _____ Fax number: (_____) _____
E-mail: _____

Property Owner's Name and Address: (If different from above)

Dr., Mr., Mrs., Ms. (circle one) _____
Street Address: _____
City, State, Zip Code: _____
Telephone number: (_____) _____ Fax number: (_____) _____
E-mail: _____

2. Name of the property or archeological site on which work is proposed: _____

County or city in which the property is located: _____

State archeological inventory number (if one or more has been assigned): _____

Please attach a photocopy of the relevant USGS 7.5 series quadrangle sheet showing the property/site(s) location. A supplemental map showing greater detail may also be attached, if appropriate.

3. Provide a brief description of the archeological site(s), if known, for which field investigation is proposed:

4. **Please provide an explicit statement of the goals and objectives of the project.** This statement shall take the form of a detailed research design and shall include a summary of previous documentary and archeological research on the area relevant to the goals and objectives of the project, the proposed methodology for the field investigations, artifact analysis and scientific analyses, if any, together with a justification for these methods proposed based on the expectations arising from the background research. The resulting final technical report shall meet the federal standards entitled *Archeology and Historic Preservation: Secretary of the Interior's Standards and Guidelines* (48 FR 44716-44742, September 29, 1983) and the department's *Guidelines for Preparing Identification and Evaluation Reports for Submission Pursuant to Sections 106 and 110, National Historic Preservation Act, Environmental Impact Reports of State Agencies, Virginia Appropriations Act, 1992 Session Amendments* (June 1992).

5. Expected Timetable For:

Excavation: _____

Analysis: _____

Preparation of the final report : _____

6. Attach the vita of the archaeologist who will actually perform the work in sufficient detail to allow independent verification that the person's qualifications are consistent with the federal standards outlined in 36 CFR §61.

7. Provide the name and complete address of the repository/location where original data in the form of field notes, photographs and other materials will be curated.

ALL APPLICANTS MUST SIGN

I hereby apply for the permit for the activities I have described herein. I am aware that all artifacts recovered pursuant to this permit remain the property of the state. I agree to allow the duly authorized representatives of the Department of Historic Resources to enter upon the property at reasonable times to inspect and photograph site conditions.

I hereby certify that the information submitted in this application is true and accurate to the best of my knowledge.

Applicant's Signature

Date

Land Owner's Signature
(if different from applicant)

Date

REMINDER: Be sure to include attachments for items 2 and 6 above together with the basic application form. Mail the completed application to:

Virginia Department of Historic Resources
Attn: Ethel R. Eaton
2801 Kensington Avenue
Richmond, Virginia 23221