

CITY OF ST. AUGUSTINE
A14 – APPLICATION FOR ARCHAEOLOGICAL REVIEW

BDAC Project No. _____

PLEASE PRINT OR TYPE

1. NAME OF APPLICANT _____ Daytime Telephone _____
Business (if applicable) _____
Address _____ City _____ State _____ Zip _____
Email Address _____

2. NAME OF PROPERTY OWNER _____ Daytime Telephone _____
Business (if applicable) _____
Address _____ City _____ State _____ Zip _____
Email Address _____

3. LEGAL DESCRIPTION OF PROJECT PROPERTY
Lot _____ Block _____
Subdivision _____ Parcel Number _____

4. PROJECT STREET ADDRESS _____

5. DESCRIPTION OF PROPOSED WORK
 New Construction Addition Utility (Specify) _____
 Residential Single-family Other (Specify) _____

6. VALUATION OF PROPOSED CONSTRUCTION \$ _____

7. AGREEMENT

Application is hereby made for Archaeological Review consistent with the City Code of St. Augustine. The applicant agrees to pay all required fees, and that the review will be conducted after all applicable fees are collected by the City. In filing this application, I understand that it becomes part of the Public Record of the City of St. Augustine and hereby certify that all information contained herein is accurate to the best of my knowledge.

8. _____
SIGNATURE OF APPLICATION OR PROPERTY OWNER DATE

STAFF USE ONLY

A. Archaeological Zone _____ Type of Disturbance Major Minor
Related Permit Building Right-of-way Utility
Date related permit issued _____ Date related permit completed (Final/Co) _____
Type of field effort Monitoring Testing Excavation

B. Amount collected \$ _____ Receipt No. _____ Date Paid _____
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