



ARCHAEOLOGICAL/PALEONTOLOGICAL SITE/ZONE APPLICATION FOR A CERTIFICATE TO DIG

THIS SECTION FOR OFFICE USE ONLY

I. PROPERTY INFORMATION:

Site Designation Name:

Date Application Received:

Property Address:

Designation No.:

Folio No.(s):

Date of Designation:

Assigned CTD No.: _____

Type of Designation:

II. APPLICANT INFORMATION:

Name of Owner:

Name of Applicant:

Address of Applicant:

Applicant is: Owner _____ Leasee _____ Contractor _____ Legal Agent _____ Manager _____

Applicant telephone number:

All applications shall include project parcel plans/map and aerial photographs depicting affected area(s).



III. THE PROPOSED PROJECT WILL INCLUDE: *(Please check those that apply to your project)*

- ☒ Archaeological Survey/Investigation
- ☐ Construction Excavation
- ☐ New Constuction
- ☐ Tree Removal/Planting/Relocation
- ☐ Drilling/Augering
- ☐ Quarrying
- ☐ Clearing
- ☐ Demolition/Foundation Removal
- ☐ Landscaping
- ☐ Pool/ Septic Tank Installation
- ☐ Utility Trenching
- ☐ Fence/Wall Installation
- ☐ Roadway/Driveway Construction



IV. DESCRIPTION OF THE PROPOSED PROJECT: *(Please describe what activities are proposed, how they will be accomplished, and provide a project timeline)*

Signature of the Applicant:_____

Signature of the Owner *(if different from above):* _____

Date: _____

MIAMI-DADE COUNTY, FLORIDA



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OFFICE OF HISTORIC AND ARCHAEOLOGICAL RESOURCES
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ADD ADDITIONAL TEXT (IF NEEDED):