



**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)*

Horizontal lines for project description.

Signature of the Applicant: _____

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

Date: _____



ADD ADDITIONAL TEXT (IF NEEDED):
