

**CITY OF ST. AUGUSTINE**  
**A14 - APPLICATION ARCHAEOLOGICAL REVIEW**

White - BDAC File

Yellow - City Archaeologist

BDAC Project No. \_\_\_\_\_

**PLEASE PRINT OR TYPE**

1. NAME OF APPLICANT \_\_\_\_\_ Daytime Telephone \_\_\_\_\_

Business (if applicable) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

2. NAME OF PROPERTY OWNER \_\_\_\_\_ Daytime Telephone \_\_\_\_\_

Business (if applicable) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

3. LEGAL DESCRIPTION OF PROJECT PROPERTY

Lot \_\_\_\_\_ Block \_\_\_\_\_

Subdivision \_\_\_\_\_ Parcel Number \_\_\_\_\_

4. PROJECT STREET ADDRESS \_\_\_\_\_

5. DESCRIPTION OF PROPOSED WORK

New Construction    Addition    Other (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 APPLICANT 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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