

**PLEASE NOTE PAPER APPLICATION SUBMITTALS ARE NO LONGER ACCEPTED  
AND MUST BE SUBMITTED THROUGH THE CITY'S PERMIT PORTAL.**

**CITY OF ST. AUGUSTINE  
A14 – APPLICATION FOR ARCHAEOLOGICAL REVIEW**

**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 \_\_\_\_\_