

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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