

**VIRGINIA DEPARTMENT OF HISTORIC RESOURCES
PERMIT APPLICATION FOR ARCHAEOLOGICAL EXCAVATION OF HUMAN REMAINS**

Please print or type all information. If a request does not apply to your project, please print or type "N/A" in the space provided. If additional space is required, please attach as many extra sheets as necessary. Failure to provide a complete application (including requested attachments) will result in denial of the requested permit. Please forward any questions to Joanna Wilson Green (telephone 804-482-6098, email joanna.wilson@dhr.virginia.gov).

1. APPLICANT'S NAME AND CONTACT INFORMATION:

Name/Title: _____
Company/Organization/Affiliation: _____
Street Address: _____
City/State/ZIP: _____
Mailing Address: _____
Telephone No.: (____) _____ Fax No.: (____) _____
Email: _____

PROPERTY OWNER'S NAME AND CONTACT INFORMATION (if different from above)

Name/Title: _____
Company/Organization/Affiliation: _____
Street Address: _____
City/State/ZIP: _____
Mailing Address: _____
Telephone No.: (____) _____ Fax No.: (____) _____
Email: _____

ARCHAEOLOGICAL CONTRACTOR'S CONTACT INFORMATION:

Principal Name/Title: _____
Company/Organization/Affiliation: _____
Street Address: _____
City/State/ZIP: _____
Telephone No.: (____) _____ Fax No.: (____) _____
Email: _____

2. PROPERTY INFORMATION:

Name/title of property on which excavation will take place: _____

County/independent city: _____
State archaeological inventory number: _____
State architectural inventory number (if different from above): _____

3. IS THIS APPLICATION PART OF A COURT-ORDERED REMOVAL? Yes: ___ No: ___

(If yes) Clerk's name/telephone no: _____
City/County: _____ Docket Number: _____

4. **ARE YOU APPLYING AT THE DIRECTION OF A LOCAL GOVERNMENT, OR STATE OR FEDERAL AGENCY?** Yes ___ No ___ Specify: _____

5. **IS THIS ACTION PART OF A PROJECT PREVIOUSLY REVIEWED OR CURRENTLY IN REVIEW BY THE DEPARTMENT OF HISTORIC RESOURCES?** Yes ___ No ___
DHR project review number (if applicable) _____

6. **IS A PERMIT REQUESTED IN ANTICIPATION OF THE DISCOVERY OF HUMAN REMAINS (BUT NO DISCOVERY HAS YET BEEN MADE)?** Yes ___ No ___
If yes, describe the factors that suggest the presence of human burials on the subject property (attach additional pages as necessary):

7. **IS A WAIVER OF THE PUBLIC NOTICE REQUIREMENT REQUESTED?** Yes ___ No ___
If yes, describe the specific threat(s) to the human remains and associated funerary artifacts and why this/these threat(s) justify the requested waiver (attach additional pages as necessary):

8. CURATION INFORMATION:

Name of facility providing temporary housing of human remains and associated funerary artifacts:

Type of facility: _____
Street address: _____
City/State/ZIP: _____
Name of contact person for facility: _____
Contact telephone number: (____) _____ Email: _____

Name of facility providing curation for original field notes and documentation (if different):

Type of facility: _____
Street address: _____
City/State/ZIP: _____
Name of contact person for facility: _____
Contact telephone number: (____) _____ Email: _____

9. REBURIAL INFORMATION:

Location for reburial (if known): _____
Street address: _____
City/State/ZIP: _____

10. **IS A REBURIAL PLAN IN PLACE?** Yes ___ No ___

If yes, specify and explain. If no, explain how you plan to approach this issue with descendants and/or other interested parties (attach additional pages if necessary).

11. **IS A DISPOSITION OTHER THAN REBURIAL PROPOSED?** Yes ___ No ___

If yes, complete the attachment found on page 7 (*Justification for Alternative (Non-Reburial) Disposition*)

12. **EXPECTED END DATES:**

Excavation: _____

Osteological Analysis: _____

Preparation and submittal of final report: _____

Final Disposition: _____

APPLICANTS MUST SIGN

I hereby apply for the permit for the activities described herein. By my signature I hereby certify that I possess adequate resources, financial and otherwise, to ensure that the archaeological project is carried out in its entirety, up to and including the respectful recovery, temporary housing, and reburial or alternative disposition of any and all human remains and associated funerary artifacts recovered pursuant to the permit requested. I understand that work conducted under the permit is not complete until all permit requirements are met, including but not limited to submittal and approval of reports and documentation. I further understand that failure to complete the conditions of the permit within the allotted timeframe, or to obtain an extension of that timeframe from the Department, may result in revocation of the permit and constitute grounds for denial of future permit applications.

I hereby certify that the information submitted in this application is true and accurate to the best of my knowledge, and that I understand my responsibilities with regard to satisfaction of permit conditions and respectful treatment of any and all human remains recovered pursuant to a permit issued to me.

APPLICANT'S SIGNATURE

DATE

CONFIRMATION OF LANDOWNER PERMISSION

As legal owner of the property upon which the permitted archaeological excavation will take place, I hereby agree to allow the project archaeologist, project physical anthropologist, and all associated professionals to perform the archaeological excavation and recovery of any human remains and associated funerary artifacts from the property. I also agree to allow the duly authorized representatives of the Department of Historic Resources to enter the property at reasonable times to inspect and document site conditions and project progress.

LANDOWNER'S SIGNATURE

DATE

APPLICANT'S AND CONTRACTOR'S ACKNOWLEDGEMENT FORM

I, _____, have contracted with _____
Applicant's Name Contractor's Name/Title

to perform the work described in the above application signed by me and dated _____.

We, the undersigned, hereby confirm that we will ensure the respectful and honorable treatment of any and all human remains and associated funerary artifacts from the time of their discovery through the archaeological recovery process, temporary housing, and reburial or agreed-upon alternate disposition. We understand that failure to treat human remains and associated funerary artifacts with respect at all times will result in revocation of the burial permit and possible legal action.

By our signatures we hereby confirm that we will read and abide by all condition and terms set forth in the approved permit as required for all actions described in this application. We understand that work conducted under a burial permit will not be considered complete until all documentation is submitted and approved by the Department, and that all other conditions are met including the respectful disposition of all human remains and associated funerary artifacts. We further understand that failure to complete the conditions of the permit within the specific timeframe or approved extension may result in revocation of the permit and may also result in denial of future permit applications.

Applicant's Signature

Date

Contractor's Signature and Title

Date

RESEARCH DESIGN

For projects in which human remains may be encountered but will not be purposefully disturbed or excavated, please provide a research design describing the larger project and including methodology to be implemented in the event that human remains are encountered.

For projects involving the excavation of human gravesites and recovery of human remains and funerary artifacts, please provide a data recovery plan.

Documents shall include, at minimum, the following information:

1. Reference to professionally-accepted standards, practices, methodologies, etc.;
2. Archival research pertinent to the location, type, and age of the resource in question;
3. Field and laboratory methodologies and documentation (data recovery plans must include specific discussion of the types of funerary data to be obtained);
4. Osteological inventory, analyses, and documentation (when applicable);
5. Conservation methods (when applicable).

Add additional pages as necessary.

JUSTIFICATION FOR ALTERNATIVE (NON-REBURIAL) DISPOSITION
Add additional pages as necessary

REQUIRED ATTACHMENTS

- Copy of the relevant USGS 7.5 series topographic map showing the location of the property or site on which the archaeological excavation will take place. A supplemental map showing the area in greater detail may also be attached if appropriate and/or necessary.
- Original signed application.
- Original signed Statement of Landowner Permission.
- Original signed Applicant's and Contractor's Acknowledgement Form.
- Text of the public notice/notice of intent, and confirmation of publication (print and online). See guidelines for further information and explanation.
- Curriculum vitae (CVs) for the principal archaeologist and physical anthropologist associated with the proposed project.
- Detailed research design, including but not limited to the following:
 - field methods to be used during recovery
 - laboratory methods to be used during skeletal analysis
 - conservation methods to be used for both human skeletal remains and associated funerary artifacts.
- Statement justifying alternative disposition of human skeletal remains and associated funerary artifacts (if applicable).