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THE COMMONWEALTH OF MASSACHUSETTS BOARD OF UNDERWATER ARCHAEOLOGICAL RESOURCES 100 Cambridge Street, Suite 900, Boston, MA 02114

EXCAVATION PERMIT APPLICATION

In accordance with 312 CMR 2.00 et seq, rules and regulations established by the Board of Underwater Archaeological Resources to implement the requirements of MGL C. 91, s. 63, as amended, the undersigned herewith makes application for a permit to conduct excavation activities on underwater archaeological resources located within the inland and coastal waters of the Commonwealth.

PLEASE TYPE OR PRINT LEGI NAME(S):	BLY	
		must sign. For corporate entities (corporations, LLCs, etc.), include
a copy of the certificate of incorporation of ADDRESS:		umentation with this application.)
TELEPHONE NUMBER: EMAIL ADDRESS:	DAY:	EVENING:
SOCIAL SECURITY OR FEDER	AL TAX ID NUMBE	ER:
LOCATION OF PROPOSED AC	TIVITY	
		Longitude and Latitude of:
Mariana AMatan Dadan		A O'ta Lagation
Depth of Water:		B. Area Center Point:
Description of Proposed Permit A	\rea:	
equested permit area. This information	will be kept confidential under the space provide the space provide the space provides the space provides and/or concentrations.	(macin priolographic or priologopies una
DESCRIBE WHAT YOU HAVE A ocation; attach additional sheets as need		nclude a description and dates of previous permits or research at this
PROJECT DESCRIPTION WHIC	CH INCLUDES THE	E PURPOSE AND GOALS (attach additional sheets as needed):

Applicant initial _____ and date ____ to indicate concurrence with 312 CMR 2 et seq.

DESCRIBE IN AS MUCH DETAIL AS POSSIBLE WHAT YOU PLAN TO DO, INCLUDING DOCUMENTARY RESEARCH AND ON-SITE ACTIVITIES, INCLUDING TESTING, EXCAVATION, RESOURCES RECOVERY, ETC. (attach additional sheets as needed):

(This work plan should include, but not be limited to, a description of: 1. the plans to document activities and finds: 2. the inventory and catalogue, which shall be maintained for all recovered artifacts; and 3. the artifact conservation program and facility location.) **WHAT IS YOUR PROPOSED WORK SCHEDULE** (attach additional sheets as needed)?

		Name	Signature	
PROJECT DIRECTOR	<u> </u>			
(Only if not the same as appli	cant)			
PROJECT ARCHAEOL	.OGIST:			
(Required by the Board for ex			SEPARATE SHEET, PROVIDE	_
BUDGET DETAILING I A STATEMENT DESC	ESTIMATED EXPENSES RIBING THE APPLICAN FIELD AND LABORATO	FOR YOUR PROPO T'S CURRENT AND/0	SED ACTIVITIES. ALSO, PRODER PROSPECTIVE FINANCIAL CRIBED IN THIS APPLICATION	VIDE ABILITY
	BLIC BENEFIT PLANS, THE RESULTS OF YOU		SPLAYS, PUBLIC PRESENTATional sheets as needed)? \	TIONS, AN
	NY OTHER INFORMAT (Attach additional sheets as ne		AY ASSIST THE BOARD IN AS	SESSING
YOUR APPLICATION	(Attach additional sheets as ne	eded)	AY ASSIST THE BOARD IN AS	
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YOUR \$100 (ONE HUNTED THE UNDERSIGNED UNDER THE UNDERSIGNED UNDER THE UNDER	(Attach additional sheets as ne NORED) NONREFUNDA stands and acknowledge as outlined in 312 CMR at there is substantial fracepolication.	BLE APPLICATION F s that the Board may of 2.12. As indicated in aud, deceit, corruption, of	EE MUST BE INCLUDED WITH deny this permit application or re that regulation, cause may include or misrepresentation in the inform	I THIS FOI voke or de a mation