



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

## RECONNAISSANCE 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 reconnaissance activities on underwater archaeological resources located within the inland and coastal waters of the Commonwealth.

**PLEASE TYPE OR PRINT LEGIBLY**

**NAME(S):** \_\_\_\_\_

(If multiple applicants, provide information for all parties and each must sign. For corporate entities (corporations, LLCs, etc.), include a copy of the certificate of incorporation or other comparable documentation with this application.)

**ADDRESS:** \_\_\_\_\_

**TELEPHONE NUMBER:** \_\_\_\_\_ **DAY:** \_\_\_\_\_ **EVENING:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**SOCIAL SECURITY OR FEDERAL TAX ID NUMBER:** \_\_\_\_\_

### LOCATION OF PROPOSED ACTIVITY

Nearest City or Town: \_\_\_\_\_ Longitude and Latitude of: \_\_\_\_\_

Name of Water Body: \_\_\_\_\_ A. Site Location: \_\_\_\_\_

Depth of Water: \_\_\_\_\_ B. Area Center Point: \_\_\_\_\_

Description of Proposed Permit Area: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Indicate the exact location of site and the extent of the requested permit area on attached USGS topographic map or NOAA nautical chart, specifying marker buoys, longitude and latitude, loran bearings and/or any other identifying features which define the requested permit area. This information will be kept confidential until either you release it or your permit application is approved at a public hearing or meeting of the Board. Use the space provided or attach additional sheets if necessary to complete this section.)

**DESCRIPTION OF THE UNDERWATER ARCHAEOLOGICAL RESOURCE** (Attach photographs or photocopies and include a detailed map of know resources and/or concentrations) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**NATURE OF DEMONSTRABLE PROOF OF AGE AND/OR VALUE** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**DESCRIBE WHAT YOU HAVE ALREADY DONE** (include a description and dates of previous permits or research at this location; attach additional sheets as needed): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PROJECT DESCRIPTION WHICH INCLUDES THE PURPOSE AND GOALS** (attach additional sheets as needed):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**DESCRIBE IN AS MUCH DETAIL AS POSSIBLE WHAT YOU PLAN TO DO, INCLUDING DOCUMENTARY RESEARCH AND ON-SITE ACTIVITIES** (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)? \_\_\_\_\_

**WHO WILL WORK ON THE PROJECT? ON A SEPARATE SHEET, PROVIDE A PERSONNEL CHART INDICATING THE NAMES, QUALIFICATIONS, DUTIES AND RESPONSIBILITIES OF KEY PERSONNEL**

Name	Signature
PROJECT DIRECTOR: _____	_____
(Only if not the same as applicant) PROJECT ARCHAEOLOGIST: _____	_____

(Optional or if required by the Board)

**WHAT IS THE PROPOSED BUDGET FOR THIS PROJECT? ON A SEPARATE SHEET, PROVIDE A BUDGET DETAILING ESTIMATED EXPENSES FOR YOUR PROPOSED ACTIVITIES. ALSO, PROVIDE A STATEMENT DESCRIBING THE APPLICANT'S CURRENT AND/OR PROSPECTIVE FINANCIAL ABILITY TO CARRY OUT THE FIELD AND LABORATORY ACTIVITIES DESCRIBED IN THIS APPLICATION** (Attach additional sheets as needed): \_\_\_\_\_

**WHAT ARE YOUR PUBLIC BENEFIT PLANS, SUCH AS PUBLIC DISPLAYS, PUBLIC PRESENTATIONS, AND/OR PUBLICATION OF THE RESULTS OF YOUR WORK** (Attach additional sheets as needed)? \_\_\_\_\_

**YOU MAY INCLUDE ANY OTHER INFORMATION YOU BELIEVE MAY ASSIST THE BOARD IN ASSESSING YOUR APPLICATION** (Attach additional sheets as needed)? \_\_\_\_\_

**YOUR \$10.00 (TEN) NONREFUNDABLE APPLICATION FEE MUST BE INCLUDED WITH THIS FORM.**

The undersigned understands and acknowledges that the Board may deny this permit application or revoke or modify a permit granted as outlined in 312 CMR 2.12. As indicated in that regulation, cause may include a Board determination that there is substantial fraud, deceit, corruption, or misrepresentation in the information or filing of this permit application.

I have read and agree to carry out the underwater archaeological investigations to the standards outlined in 312 CMR 2.00 et seq.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Type or Print Name)

FOR OFFICIAL USE ONLY (DO NOT COMPLETE THIS SECTION)

Date and Time Received:

By: