



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

SPECIAL USE PERMIT APPLICATION

In accordance with 312 CMR 2, rules and regulations established by the Board of Underwater Archaeological Resources under MGL C. 91, s. 63, as amended, the undersigned herewith makes application for a permit to conduct archaeological research activities to identify and/or examine underwater archaeological resources located within the inland and coastal waters of the Commonwealth.

PLEASE TYPE OR PRINT LEGIBLY

NAME(S):

ORGANIZATION:

(Applicant must be a qualified archaeologist or archaeological organization meeting the minimum qualifications under 312 CMR 2.09(4)(d); if multiple applicants, provide information for all parties and each must sign. If a corporation, include a copy of the certificate of incorporation with this application, and write both corporate name and contact information.)

ADDRESS:

TELEPHONE NUMBER:

FAX NUMBER:

EMAIL ADDRESS:

PROJECT NAME:

LOCATION OF PROPOSED ACTIVITY

Nearest City or Town:

Longitude and Latitude of Proposed Project Area

Name of Water Body:

(Project area of potential effect):

Depth of Water:

NE

NW

Total Acreage of the Project Area:

SE

SW

Description of Proposed Permit Area (narrative):

Please attach a copy of the section of the NOAA nautical chart(s) or USGS topographic map(s).

(Clearly indicate the exact location of and the extent of the requested permit area on attached NOAA nautical chart or USGS topographic Map, specifying marker buoys, longitude and latitude, loran bearings and/or any other identifying features which define the requested Permit area. Use the space provided or attach additional sheets if necessary to complete this section.)

PROJECT PROPONENT (if not applicant)

CONTACT NAME/ORGANIZATION:

ADDRESS:

TELEPHONE NUMBER:

FAX NUMBER:

EMAIL ADDRESS:

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

DESCRIPTION OF ANY KNOWN UNDERWATER ARCHAEOLOGICAL RESOURCE IN THE PROJECT AREA

PLEASE INDICATE THE TYPE OF INVESTIGATION BEING UNDERTAKEN FOR THIS PROJECT (check one):

- Reconnaissance Survey
- Intensive Survey
- Site Examination
- Data Recovery

PLEASE ATTACH A COPY OF YOUR RESEARCH DESIGN AND DESCRIBE IN AS MUCH DETAIL AS POSSIBLE WHAT YOU PLAN TO DO, INCLUDING DOCUMENTARY RESEARCH, REMOTE SENSING, ON-SITE ACTIVITIES, INCLUDING TESTING, EXCAVATION, RESOURCES RECOVERY, CONSERVATION AND CURATION, ETC. (attach additional sheets as needed): _____

(This work plan should include, but not 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; 3.) the artifact conservation program; and 4. the artifact repository)

WHAT IS YOUR PROPOSED WORK SCHEDULE (attach additional sheets as needed)?

PROFESSIONAL QUALIFICATIONS OF APPLICANT: (1) ON A SEPARATE SHEET, PROVIDE A PERSONNEL OR ORGANIZATION CHART INDICATING THE NAMES, DUTIES AND RESPONSIBILITIES OF KEY PERSONNEL; (2) INCLUDE COPIES OF THE CURRICULA VITAE FOR THE PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR, PROJECT ARCHAEOLOGIST, AND OTHER KEY STAFF AS NECESSARY.

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) _____

The undersigned understands and acknowledges that all underwater archaeological resources recovered under a special use permit remain the property of the Commonwealth of Massachusetts.

The undersigned understands and acknowledges that this permit does not authorize the excavation of human remains.

The undersigned understands and acknowledges that the Board may deny this permit application or revoke a permit granted whenever the Board determines 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.

(Signature of Principal Investigator/Project Director)

(Signature of Project Archaeologist)

(Date)

(Type or Print Name)

(Type or Print Name)

(Date)

FOR OFFICIAL USE ONLY (DO NOT COMPLETE THIS SECTION)

Date and Time Received:

By:

