

**VIRGINIA DEPARTMENT OF HISTORIC RESOURCES
PERMIT APPLICATION FOR ARCHAEOLOGICAL REMOVAL
OF HUMAN BURIALS**

Please print or type all answers.

If a question does not apply to your project, please print N/A (not applicable) in the block or space provided. If additional space is needed, attach extra 8½" x 11" sheets of paper. If you have any questions about completing this form, please call or fax Ethel R. Eaton in the Project Review Division at (804) 367-2323 ext. 112; fax (804) 367-2391.

1. Applicant's Name and Address:

Dr., Mr., Mrs., Ms. (circle one) _____
Street Address: _____
City, State, Zip Code: _____
Telephone number: (____) _____ Fax number: (____) _____
E-mail: _____

Property Owner's Name and Address: (If different from above)

Dr., Mr., Mrs., Ms. (circle one) _____
Street Address: _____
City, State, Zip Code: _____
Telephone number: (____) _____ Fax number: (____) _____
E-mail: _____

2. Name of the property or archeological site on which work is proposed: _____

County or city in which the property is located: _____

State archeological inventory number (if one or more has been assigned): _____

Please attach a photocopy of the relevant USGS 7.5 series quadrangle sheet showing the property/site(s) location. A supplemental map showing greater detail may also be attached, if appropriate.

3. Attach a written statement of the landowner's permission both to remove human remains on the property and to allow the duly authorized representatives of the Department of Historic Resources to enter upon the property at reasonable times to inspect and photograph site conditions.

4. Is this application part of court-ordered removal? Yes: _____ No: _____

If answer is "Yes," attach evidence of a reasonable effort to identify and notify next of kin.

5. Are you applying at the direction of a local government, a state agency, or a federal agency? Yes: _____ No: _____

If answer is "Yes," indicate whether the Department of Historic Resources has previously been contacted. Yes: _____ No: _____

If answer is "Yes," provide the DHR file number (if available). _____

6. Is the removal a likely consequence of a field investigation where discovery of burials can reasonably be anticipated (but no discovery has yet occurred)?

Yes: _____ No: _____

If answer is "Yes," describe the factors that suggest the presence of burials.

7. Attach the proposed notice in a newspaper having general circulation in the area of the project.

The public notice shall provide the name, address of the applicant, a brief description of the field investigations, a statement advising the public that they may request a public meeting, the name, address and telephone number of his agent/contractor from whom they may request more information, a location in the project vicinity where a copy of the complete application may be viewed in addition to the Department of Historic Resources, a statement of the proposed disposition specifically inviting comment on that aspect, and the deadline for receipt of comments.

8. Is a waiver of the public notice, or other requirement requested?

Yes: _____ No: _____ If answer is "Yes,"

A. Describe the specific threats facing the human skeletal remains or associated artifacts, explaining why the emergency situation justifies the requested waiver.

B. Describe the conservation methods which will be used, especially for skeletal material.

9. Have you obtained an archaeologist for this project? Yes: _____ No: _____

If answer is "Yes," complete the remainder of this question.

A. Attach the vita of the archaeologist who will perform the work in sufficient detail to allow independent verification that the person's qualifications are consistent with the federal standards

outlined in 36 CFR §61.

B. Submit the Applicant's and Contractor's Acknowledgement Form with your application.

- 10. Have you obtained a skeletal biologist for this project?** Yes: _____ No: _____
If answer is "Yes," complete the remainder of this question.

Attach the vita of the skeletal biologist prepared in sufficient detail to allow independent verification that the person has at least a master's degree, the field of specialization, years of laboratory experience in the analysis of human remains and ability to produce a written report of the findings and their interpretation.

- 11a. Provide a statement that the treatment of the human skeletal remains and associated artifacts will be respectful.**

- 11b. Provide the name and complete address of the institution/facility providing curation during study and prior to final disposition.**

- 11c. List the name and complete address of the institution/facility which will providing curation of original data (with the exception of human skeletal remains and associated artifacts), such as field notes, photographs and other materials.**

- 12. Expected Timetable For:**

Excavation: _____

Osteological Analysis: _____

Preparation of the final report: _____

Final Disposition: _____

13. Please provide a statement of the goals and objectives of the project.

This statement shall take the form of a detailed research design describing the methods, standards and processes that will be used to obtain, evaluate and analyze data on mortuary practices in particular and cultural practices in general. Justification for the chosen methodology shall be provided by reference to previous archival and archeological research, preferably on the regional level. The osteological examination shall include determinations of age, sex, racial affiliation, dental structure and bone inventories for each individual. In addition the research design shall discuss what additional analytical techniques are proposed, under what circumstances and what research objectives will be addressed. The final technical report shall incorporate the resulting cultural information with the results of the osteological analysis and shall meet the federal standards entitled *Archeology and Historic Preservation: Secretary of the Interior's Standards and Guidelines* (48 FR 44716-44742, September 29, 1983) and the department's *Guidelines for Preparing Identification and Evaluation Reports for Submission Pursuant to Sections 106 and 110, National Historic Preservation Act, Environmental Impact Reports of State Agencies, Virginia Appropriations Act, 1992 Session Amendments* (June 1992).

14. Provide the location and a brief description of the plan for the short-term curation of the human skeletal remains and associated artifacts.

At _____ located in _____

15. Is a disposition other than reburial proposed? Yes: _____ No: _____

If your answer to the question above is “Yes,” please attach a statement of the reasons for alternative disposition and the benefits to be gained thereby.

ALL APPLICANTS MUST SIGN

I hereby apply for the permit for the activities I have described herein. I agree to allow the duly authorized representatives of the Department of Historic Resources to enter upon the property at reasonable times to inspect and photograph site conditions.

I hereby certify that there are adequate resources to carry out the research design and the proposed disposition of the remains required under the permit. I understand that work conducted under a permit will not be considered complete until all reports and documentation have been submitted and reviewed by the department to meet all conditions specified as part of the approved permit. Failure to complete the conditions of the permit within the permitted time limit may result in revocation of the permit and constitute grounds for denial of future applications.

I hereby certify that the information submitted in this application is true and accurate to the best of my knowledge.

Applicant's Signature

Date

Applicant's Signature

Date

APPLICANT'S AND CONTRACTOR'S ACKNOWLEDGEMENT FORM

I, _____, have contracted
Applicant's Name
_____ to perform the work
Contractor's Name or Name of Firm
described in the in the application signed and dated _____.
Date

We will read and abide by all conditions as set forth in the approved permit as required for the actions described in this application. We understand that work conducted under a permit will not be considered complete until all reports and documentation have been submitted and reviewed by the department to meet all conditions specified as part of the approved permit. We further understand that failure to complete the conditions of the permit within the permitted time limit may result in revocation of the permit and constitute grounds for denial of future applications.

Applicant's Signature Date

Contractor's Signature and Title Date
(if different from applicant)

REMINDER: Be sure to include attachments for items 3 and 6 above together with the basic application form. Send the completed application to:

Virginia Department of Historic Resources
Attn: Ethel R. Eaton
2801 Kensington Avenue
Richmond, Virginia 23221
Fax: (804) 367-2391