

APPLICATION FOR GENERAL PERMIT
UNDER THE NORTH CAROLINA ARCHAEOLOGICAL RESOURCES PROTECTION ACT
(Pursuant to G.S. 70, Article 2)

Return form to:

OSA ARPA Inbox
osa_arpa@dncr.nc.gov

OR

Office of State Archaeology
4619 Mail Service Center
Raleigh NC 27699-4619

Date of Application: _____

1. Principal Investigator

Name: _____

Agency Affiliation: _____

Address (include zip code): _____

Telephone Number: (_____) _____ - _____ Email Address: _____

2. Project Director (if different from Principal Investigator)

Name: _____

Agency Affiliation: _____

Address (include zip code): _____

Telephone Number: (_____) _____ - _____ Email Address: _____

3. Project Location Description

Name of State Property: _____ County: _____

Land Managing Agency: _____

Name, address' (physical & email), and telephone # of agency official: _____

Name, address' (physical & email), and telephone # of agency local contact: _____

Estimated Acreage of State Property: _____

4. Type of Proposed Investigations

_____ Surface Survey with Artifact Collection

_____ Surface Survey without Artifact Collection

_____ Subsurface Testing: Type: _____

_____ Unit/Block Excavation

5. Description of types and estimated amounts of ground disturbance and the kinds of equipment or machinery to be used during the fieldwork:

6. Description of the available laboratory facilities to be used for the analysis of the recovered materials:

<p>7. Description of the funds available for the investigations:</p>
<p>8. Proposed curatorial facility (name, address):</p>
<p>9. Written statement/criteria for evaluating requests for access to records and artifacts recovered during the investigations and maintained at the proposed curatorial facility:</p>
<p>10. Name of person or position at the proposed curatorial facility who will determine access to records and artifacts recovered during the investigations:</p>
<p>11. Facilities (if different from above) and plans for stabilization of perishable or unstable artifacts:</p>
<p>12. If publication of the investigation results is anticipated, please indicate the name of the publication (if known) and the approximate date of issuance:</p>
<p>13. Attachments: The following items should be attached to this application:</p> <ul style="list-style-type: none"> • A 1:24,000 USGS Quadrangle map clearly indicating the lands controlled by the agency. • A discussion of the overall research design for archaeological investigations on agency lands and a specific description of the nature and objectives of proposed investigations under this permit. This discussion should include evidence that the investigations conform with both the research design and the general management plan for the agency lands. This discussion should also include a reporting schedule. Note that preliminary field reports should be submitted annually, on or before the anniversary of the start date of the permit. A draft of the comprehensive final report should be submitted on or before the expiration date of the permit. • A copy of the resume/vita of the Principal Investigator. • A copy of the resume/vita of the Field Director, if different from the Principal Investigator.
<p>14. Signature of Individual Submitting Application: _____</p>
<p>15. Date received by OSA: _____</p>