

FORM 3

DATE STAMP

**APPLICATION FOR
ARCHAEOLOGICAL/PALAEONTOLOGICAL SITE
ALTERATION PERMIT**

(Heritage Conservation Act, S.N.B., 2010, c. H-4.05, s.18)

Name of Applicant (please print)

(Department/Company/Group/Person)

Mailing Address _____

Postal Code _____

Business/Work Telephone _____ Home _____ Fax _____

E-mail _____

Contact Information *(if different from above)*

Contact Person _____ Telephone _____

E-mail _____ Fax _____

Name of archaeological or palaeontological site, if applicable _____

(Complete separate form for each site to be altered)

Borden code of archaeological site _____ Identification code of palaeontological site _____

Parcel identifier (PID) of property where alteration is to be performed _____

Name of land owner *(attach separate sheet, if necessary)* _____

Address _____ Telephone () _____

For Office Use Only

_____ Accepted for processing **FILE #** _____

_____ Not accepted for processing Archaeological site _____

_____ Resubmitted for processing Palaeontological site _____

Site Category _____ Site Type _____ 1:50,000 Map _____

Easting Northing _____ Zone _____ NAD _____

EIA Screen _____ Other Screen _____

Copies sent to _____

Date _____ Reviewed by _____

(Month/Day/Year)

(attach separate sheet if necessary)

Desired period of construction: _____ to _____
(Month/Day/Year) (Month/Day/Year)

(Please enclose a plan for the proposed project, including all dimensions and distances relative to the archaeological or palaeontological site.)

I certify to the best of my knowledge that the information stated in this form is correct.

Dated this _____ day of _____, 20____ .

Applicant's Signature

NOTE: Please attach the required documents. Failure to submit adequate information in each section of this application will result in the application being either returned or rejected.