



# Heritage Research Permit (Archaeology)

**Office Use Only**  
Permit Number:

*Special Places Protection Act 1989*

(Original becomes Permit when approved by  
Communities, Culture and Heritage)

*Greyed out fields will be made publically available. Please choose your project name accordingly*

Surname | First Name

Project Name

Name of Organization

Representing (if applicable)

Permit Start Date | Permit End Date

**General Location:**

**Specific Location:** *(cite Borden numbers and UTM designations where appropriate and as described separately in accordance with the attached Project Description. Please refer to the appropriate Archaeological Heritage Research Permit Guidelines for the appropriate Project Description format)*

**Permit Category:**  
Please choose one

Category A – Archaeological Reconnaissance

Category B – Archaeological Research

Category C – Archaeological Resource Impact Assessment

I certify that I am familiar with the provisions of the *Special Places Protection Act* of Nova Scotia and that I have read, understand and will abide by the terms and conditions listed in the Heritage Research Permit Guidelines for the above noted category.

Signature of applicant | Date

Approved by  
Executive Director | Date