

## Heritage Research Permit (Palaeontology)

Special Places Protection Act 1989

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

Office Use Only Permit Number:

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 UTM designations where appropriate and as described separately in accordance with the attached Project Description. Please refer to the appropriate Palaeontology Heritage Research Permit Guidelines for the appropriate Project Description format)	
Permit Category: Please choose one Professional Research	
Field Research  I certify that I am familiar with the provisions of the <i>Special Places Protection Act</i> 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