

CTD \_\_\_\_\_

Date Received \_\_\_\_\_

**PALM BEACH COUNTY PLANNING, ZONING & BUILDING DEPARTMENT  
APPLICATION FOR CERTIFICATE TO DIG (CTD)**

**THE APPLICATION FEE FOR A CERTIFICATE TO DIG AND APPLICATION REVIEW BY THE COUNTY ARCHAEOLOGIST IS \$2,417.00 PLEASE ATTACH A CHECK FOR THIS AMOUNT, MADE PAYABLE TO THE PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS. FEE CODE 05309.**

If you have any questions regarding this form or the attached preservation provisions of the County Land Development Code, please contact the Planning Division at (561) 233-5331.

**Project Name:**

**Address or General Location:**

**PART ONE - APPLICANT INFORMATION**

**APPLICANT**

Name:

Address:

Telephone Number:

**AGENT**

Name:

Address:

Telephone Number:

**OWNER (if other than applicant)**

Name:

Address:

Telephone Number:

Applicant is: Owner [ ] Lessee [ ]  
Other [ ] Describe \_\_\_\_\_

**PART TWO - PROPERTY INFORMATION:**

Property Control Number(s):

Legal Description (attach separate sheet if necessary):

FLUA Designation:

Zoning Designation:

Existing Use of Property:

Proposed Use of Property:

**PART THREE - DEVELOPMENT SUBJECT TO REVIEW (ULDC Article 9.A.1.B)**

1. Is the subject parcel on the County's Map of Known Archaeological sites or Archaeological Conservation Areas?  
 No  Yes (If yes, indicate the site or Conservation Area name & attach map)
  
2. Have previously unidentified artifacts or skeletal remains been found during site development or during any other activity that may disturb an archaeological site?  
 No  Yes (If yes, attach a site map and a 1-page maximum explanation)
  
3. Are you an applicant for Type III Excavation?  
 No  Yes (If yes, indicate the application number issued, if any)
  
4. Is the subject parcel in a high probability area for containing previously undocumented cultural resources?  No  Yes

**PART FOUR – CONTENTS OF REPORT (ULDC Article 9.A.1.B)**

**An archaeological survey, performed in a professionally acceptable manner, is a requirement of this CTD application process.**

1. Is the subject property identified in the Florida Master Site File?  
\_\_\_\_\_No \_\_\_\_\_Yes (If yes, attach Site File listing)  
**If not, and property is determined to be of archaeological significance, a Florida Site File form must be completed.**
2. Include a brief (2-page maximum) narrative describing the history of the site/area.
3. Has an archaeological survey and field inspection been performed in a professionally acceptable manner?  
\_\_\_\_\_No \_\_\_\_\_Yes (If yes, attach 2 copies of the survey report)
4. Attach an assessment of the site’s archaeological significance.
5. Attach a proposed plan for management of the site’s archaeological resources.

**PART FOUR - SIGNATURE(S) OF OWNERS/APPLICATANT(S)**

The undersigned owner(s) and/or applicant(s) certifies under penalties of perjury that all the statements contained in this application, including any statement attached to the application or any papers or plans submitted herewith are true and correct.

Owner ' s Signature \_\_\_\_\_ Date

Owner ' s Signature \_\_\_\_\_ Date

Applicant ' s Signature \_\_\_\_\_ Date

Applicant ' s Signature \_\_\_\_\_ Date

**OWNER'S CONSENT AND DESIGNATION OF AGENT**

(This form must be completed by **ALL** property owners)

I \_\_\_\_\_, the fee simple owner of the following described property

(give legal description):

hereby petition to the County for certificate of appropriateness approval for (Project Name) and affirm that

\_\_\_\_\_ (Applicants/Agent's Name) is hereby designated to act as agent on my behalf to accomplish the above.

I certify that I have examined the application and that all statements and diagrams submitted are true and accurate to the best of my knowledge. Further, I understand that this application, attachments and fees become part of the Official Records of Palm Beach County, Florida, and are not returnable.

\_\_\_\_\_  
(Owner's Signature)

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_, Who is personally known to me or has produced \_\_\_\_\_ (type of identification) as identification and who did take an oath.

\_\_\_\_\_  
(Printed Name of Notary Public)

\_\_\_\_\_  
(Signature of Notary Public)

Commission # \_\_\_\_\_ My commission expires

**(NOTARY'S SEAL)**

**THIS PAGE FOR OFFICE USE ONLY**

**BOARD ACTION**

CTD

Date of:

Filing

On-Site Inspection

HRRB Hearing