



OFFICE USE ONLY
CTD No. _____

Planning and Development Management Division
Historic Preservation Program
 115 S Andrews Avenue, Room 329K
 Fort Lauderdale, Florida 33301
 (954) 357-6634 • Broward.org/History

Application for Certificate to Dig Archaeological, Paleontological or Historic Resource Site or Zone

All applications must include:

- A current color map of the property scaled at 1 inch equal to 300 feet (*other scales may be accepted*).
- Color photographs of all proposed work areas.
- Property survey or site plan.
- One (1) set of project plans, indicating any areas subject to land clearing, trenching, excavating or digging.

This application will not be processed for review until all required information is received, accepted and determined "complete" by the Historic Preservation Officer. **All applicants should schedule a pre-application meeting with the Historic Preservation Officer before submitting this form.**

Property Information			
Folio No.			
Address	City	State	Zip
Site Designation Name (<i>if applicable</i>)			
District Designation Name (<i>if applicable</i>)			

Property Owner Information			
Property Owner(s)			
Address	City	State	Zip
Phone	Mobile Phone	Email	

Applicant Information

Applicant is the: Owner Contractor Architect Legal Agent/Attorney Other

Describe relationship to owner if "other" is checked:

Name (if different from owner)

Address

City

State

Zip

Phone

Mobile Phone

Email

Project Type

Check all that apply:

Utilities Tree Removal New Construction Swimming Pool Minor Landscaping Irrigation

Filling Demolition of a Historic Resource (100+ years old) Relocation of a Historic Resource (100+ years old)

Other:

Project Description

Describe in detail the project, including the nature of any proposed ground disturbance/excavation, any new construction or additions, demolitions, removal, replacement of existing materials and any and all other proposed changes or alterations to the property and structure (*attach additional sheet if necessary for complete project description*).

Owner Certification

I hereby certify, to the best of my knowledge, that the information provided within this application is correct, complete and accurately portrays the proposed project.

Owner's Signature

Date

Applicant's Signature *(if other than owner)*

Date

Mail this application and all supporting documents to:

Broward County Planning and Development Management Division
Attention: Broward County Historic Preservation Officer
115 S Andrews Avenue, Room 329K
Fort Lauderdale, FL 33301

Questions? Please call (954) 357-9731

Owner Certification

This is to certify that I am the owner of the property described on the attached survey and I have authorized the filing of this request. My ownership interest is _____ percent.

Owner's Signature

Print Name

NOTARY PUBLIC

STATE OF FLORIDA
COUNTY OF BROWARD

The foregoing instrument was acknowledged before me this _____ day of _____,
20 _____, by _____.

(NOTARY SEAL)

Signature of Notary Public – State of Florida

Name of Notary Typed, Printed, or Stamped

Personally known _____ or Produced Identification _____

Type of identification produced: _____