

Heritage Research Permit

Palaeontology

Heritage Division

Special Places Protection Act,
R.S.N.S. 1989

(Original becomes Permit when approved by the
Executive Director of the Heritage Division)

Office Use Only Permit Number

Section 1 (section 1 will be made publicly available. Please choose your project name accordingly)	
Surname:	First Name:
Project Name:	

Section 2	
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 Permit Guidelines for the appropriate Project Description format)	
Permit Category: (please choose one) <input type="checkbox"/> Professional Research <input type="checkbox"/> Field Research <input type="checkbox"/> 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