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| Application for consent to undertake works or activities on an archaeological site |
| Regulation 22 |

# Instructions to complete form

## Preliminary information

It is the applicant’s responsibility to ensure that the full and correct information is provided. Applications made on behalf of business names or unincorporated associations also require an individual applicant’s name, e.g. Ms Jane Smith, Capital Enterprises Pty Ltd.

## Who should complete this form?

A person proposing to undertake works or activities at an archaeological site.

**If the archaeological value of the site has not been assessed under s.118(1)(a) of the *Heritage Act 2017*, please contact Heritage Victoria prior to completing this form.**

If the site has been assessed as of low archaeological value please complete sections 1, 3, 6 and 12 only.

## Enquiries and more information

Web: [www.heritage.vic.gov.au](http://www.heritage.vic.gov.au)

Telephone: (03) 7022 6390

Email: archaeology.admin@delwp.vic.gov.au

## Please lodge your application in one of the following ways:

*By email* to archaeology.admin@delwp.vic.gov.au OR

*By post* to: The Executive Director, Heritage Victoria, PO Box 500, MELBOURNE VIC 8002

Note: All sections must be completed. Incomplete applications will be returned to the applicant which may result in delays.

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| *Office use only* |
|  |  |  |  |  |  |  |
|  | *Application no.* |  | *Date received* |  | *Log on* |  |
|  |  |  |  |  |  |  |
|  | *Date expires* |  | *Payment method* |  | *Fee received?* |  |
|  |  |  |  |  | YES NO |  |
|  |  |  |  |  |  |  |

# 1. Site details

|  |  |
| --- | --- |
| Address:  |  |
| Municipal Council: |  |
| Heritage Inventory site name (if recorded in Inventory): |  |
| Heritage Inventory number (if recorded in Inventory): |  |

# 2. Applicant details

|  |  |
| --- | --- |
| Title: |  |
| First Name: |  |
| Surname: |  |
| Business or organisation name: |  |
| Position title: |  |
| Address: |  |
| Email address: |  |
| Telephone: |  |  |  |

# 3. Recording archaeologist details (if required)

|  |  |
| --- | --- |
| Title: |  |
| First Name: |  |
| Surname: |  |
| Business or organisation name: |  |
| Position title: |  |
| Business or organisation address: |  |
| Email address: |  |
| Telephone: |  |  |  |

# 4. Owner or land manager details

|  |  |
| --- | --- |
| Title: |  |
| First Name: |  |
| Surname: |  |
| Business or organisation name: |  |
| Position title: |  |
| Address: |  |
| Email address: |  |
| Telephone: |  |  |  |

# 5. Type of consent

|  |  |
| --- | --- |
| o | To uncover and expose a site to assess the condition and potential of the archaeology: |
| o | To construct or extend one domestic residential dwelling. | o | For all other purposes. |  |  |
| o | To excavate a site: |
| o | To construct or extend one domestic residential dwelling. | o | For all other purposes. |  |  |
| o | To damage and disturb a site: |
| o | To construct or extend one domestic residential dwelling. | o | For all other purposes, where damage is less than 50 per cent. | o | For all other purposes, where damage is 50 per cent or more. |
| o | To possess, dispose of, or trade archaeological artefacts, or for all other purposes for which a consent is required. |

# 6. Cultural Heritage Management Plan

A Cultural Heritage Management Plan (CHMP) is a written report, prepared by a Heritage Advisor, containing the results of an assessment of the potential impact of the proposed activity on Aboriginal cultural heritage. Heritage Victoria is not able to issue statutory approvals if a CHMP isrequired under the **Aboriginal Heritage Act 2006**.

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| --- | --- | --- |
| **6.1** Is a CHMP required under the **Aboriginal  Heritage Act 2006** for the proposed works? | \*Yes | \*No |
| **6.2** Is a voluntary CHMP underway?  | \*Yes | \*No |
| **6.3** Has a CHMP been approved? | \*Yes | \*No |
| **6.4** Do the proposed works contravene a CHMP? | \*Yes | \*No |
| **6.5** Is a Cultural Heritage Permit required under the **Aboriginal Heritage Act 2006**? | \*Yes | \*No |

Applicants can use the Aboriginal Heritage Planning tool to determine whether a CHMP is required:

<http://www.dpc.vic.gov.au/index.php/aboriginal-affairs/heritage-tools/25-aboriginal-affairs/452-aboriginal-heritage-planning-tool>

Further information on CHMPs and the **Aboriginal Heritage Act 2006** is available at:

<http://www.dpc.vic.gov.au/index.php/aboriginal-affairs/aboriginal-cultural-heritage/cultural-heritage-management-plans>

# 7. Description of proposed works

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| Please provide description of the proposed works or activity to be undertaken (e.g. construction of a dwelling): |

# 8. Supporting documents

The following supporting documents must be submitted with this application:

* Outline of proposed development works, identifying the area of heritage impact.
* Description and background history for the site.
* Statement of significance for the Heritage Inventory site.
* Research design.
* Excavation methodology.
* Artefact retention policy.
* Artefact management proposal.
* Curriculum vitae of the project archaeologist and conservator.
* Letter detailing engagement of project conservator.

# 9. Consent fee

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| Fee to be paid: |  |

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| **Note:** If these activities are being undertaken by a community group or for conservation, educational research, or public safety it may be possible to apply for a waiver of the consent fee. Please consult Heritage Victoria in relation to your application.**Note:** If this application relates to a registered place of which you are the owner and which is your principal place of residence, or a registered object which you own, and you hold one of the following cards, or have been declared a class or classes of eligible person by Order published under the **State Concessions Act 2004** in the Government Gazette, you are exempt from paying this fee. Please provide copies of the relevant card and either your driver’s licence or a current rates notice for your principal place of residence to confirm your eligibility:* Health care card issued under section 1061ZS of the Social Security Act 1991 of the Commonwealth other than in respect of a child in foster care, or a child in respect of whom a carer allowance under section 953 of that Act is payable; or
* A Gold Card issued in respect of Part V of the Veterans' Entitlement Act 1986 of the Commonwealth other than a dependant (not including the widow or widower) of a veteran; or
* Pensioner concession card issued under section 1061ZF of the Social Security Act 1991 of the Commonwealth.
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# 10. Payment Options

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| **Please record payment details below (Application will not be processed without accurate payment details)** |
|  | **BPAY Biller Code: 72637****Customer Ref: 163123456788**Telephone & Internet banking BPay, contact your bank or financial institution to make this payment from your cheque, savings, debit, credit card or transaction account. More info: [www.bpay.com.au](http://www.bpay.com.au)  | Permit Billpay**By Cash, Cheque or Debit Card only** |
| Cheque payment can be made at your Local Australia post outlet, a dishonored cheque will incur a fee of $110.00 |
| **BPAY***(please tick)* **¨** | **Australia post** *(please tick)* **¨** |
| **Amount Paid** |  |  |  | **Amount Paid** |  |
|  |  |  |  |  |  |  |  |
| **Your Bank Name** |  |  |  | **Unique Sequence No**  |  |
|  |  |  |  | *See sample of Australia Post receipt* |
| **Receipt No** |  |  |  | **Payment method** | Cash | Cheque | Card |
|  |  |  |  | *Please circle* |
| **Receipt Date** |  |  |  | **Receipt Date** |  |
|  |  |  |  |  |
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# 11. Owner/Government manager consent

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| I am the owner or government manager of the registered site recorded in the Heritage Inventory or the archaeological site which is not recorded in the Heritage Inventory or the archaeological artefact described in the consent application to carry out the works or activities specified in the application and I hereby consent to the application to carry out the works or activities specified in the application. |
| Name: |  |
| Business or organisation name: |  |
| Position title: |  |
| Signature: |  |
| Date: |  |

# 12. Applicant declaration

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| I state that the information supplied in this application is accurate and correct. I acknowledge that authorised officers appointed by the Executive Director may inspect the Heritage Inventory site to assess this application in accordance with the Act. |
| Name: |  |
| Signature: |  |
| Date: |  |

\*delete if not applicable