

Request for Preliminary Assessment

Office of Historic Alexandria
ALEXANDRIA ARCHAEOLOGY
105 N. Union Street, #327
Alexandria, Virginia 22314
Tel: 703-838-4399
Fax: 703-838-6491

Form completion required for compliance with the Archaeological" Protection Code, included in Zoning Ordinance, Section 11-411(D), 1992.

- This form will be signed by the City Archaeologist and returned to you with our recommendations within seven days of receipt.
- Submit a copy of this form signed by the City Archaeologist with your preliminary site plan when you file with the City.

Project Name: _____

Date: _____

Address: _____

Tax Parcel Number: _____

Applicant: _____ Phone: _____

Owner: _____ Phone: _____

Address: _____

Contact: _____ Phone: _____

Address: _____

Project Actions:

1. Demolition
2. New Construction
3. Addition
4. Restoration/Renovation
5. Landscaping
6. _____

Description of Project:

Submit a map showing the exact location of your property.

If available please attach the following: maps showing existing structures, proposed demolition (if any) and construction; chain of title, historic maps; previous historical or archaeological research.

<p>For City Use Only</p> <p>Project Name: _____</p> <p>Address: _____</p> <p>Tax Parcel Number: _____</p> <p>City Archaeologist Approval</p> <p>Signature _____ Date _____</p> <p>Recommendations _____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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