

## (PG-FO-601) APPLICATION for MONUMENTAL PERMIT

CEMETERY ☐ GRIFFITH **TO BE SUBMITTED TO COUNCIL AND FAXED TO THE CEMETERY (02 6962 2954) A MINIMUM OF FIVE (5) WORKING DAYS PRIOR TO START OF WORK.**  
☐ YENDA

Monumental Mason: \_\_\_\_\_

Address: \_\_\_\_\_

Town: \_\_\_\_\_

Phone: \_\_\_\_\_

**APPLY FOR  
APPROVAL TO  
CARRY OUT THE  
FOLLOWING WORK:**

☐

New Monument

☐

Additional Inscription

☐

Major Renovation or Repair

☐

Other: \_\_\_\_\_

☐

Minor Renovation or Repair

on the grave of the late \_\_\_\_\_

Located at SECTION \_\_\_\_\_

ROW: \_\_\_\_\_

NO: \_\_\_\_\_

I/we **agree** that such works will be carried out strictly in accordance with the provisions of the relevant Australian Standard/s and in compliance with the rules, regulations and directions of the Council.

I/we **further agree** that the row and number of the plot will be clearly and neatly cut into the ashlar foot of the monument, left hand side, in letter/numbers 25mm in height.

Anticipated date of commencement: \_\_\_\_\_

Signature: \_\_\_\_\_ Date of Application: \_\_\_\_/\_\_\_\_/\_\_\_\_

Owner/Authorised Rep: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_

Town: \_\_\_\_\_

Post Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Mobile: \_\_\_\_\_

Declare that I: \_\_\_\_\_

☐

Am the person in whose name the Permit to Bury was issued

Permit No: \_\_\_\_\_

☐

Am the executor of the estate of the person in whose name the Permit to Bury/Right of Burial was issued

☐

Have the written authority of the person, or the executor of the estate of the person in whose name the Permit to Bury/Right of Burial was issued

☐

Have the authority for the use of the grave

I consent to the work described in this application being carried out and declare that all the information given is correct.

PLEASE NOTE: Right of Burial or Permit to Bury must be sighted

I acknowledge that I have a responsibility to maintain the monument in sound, safe order and condition and, if I do not, the Council has the right to remove it and to recover the cost of doing so from me. I also acknowledge that it is my responsibility to keep the Council advised of any change in my name and/or address.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

BEFORE ME: \_\_\_\_\_

Signature of Witness

Print Name of Witness

Phone: \_\_\_\_\_

Address of Witness

OFFICE USE ONLY

R/C: (100)

Fee \_\_\_\_\_

Receipt No: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

The Application is:

☐

Approved

☐

Not Approved

Council's Authorised Officer