



(PG-FO-601) APPLICATION for MONUMENTAL PERMIT

CEMETERY

GRIFFITH

YENDA

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.

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 _____

Address of Witness _____

Phone: _____

OFFICE USE ONLY

R/C: (100)

Fee _____

Receipt No: _____

Date: ____/____/____

The Application is:

Approved

Not Approved

Council's Authorised Officer

Approved: Parks & Gardens Manager	Group / System: Infrastructure and Operations	Document ID: PG-FO-601	Version: 2
Relevant To:	Date Issued: 18 Jan 2011	Revised: 23 Sep 2014	Status: Approved
			Page: 1 of 1