

(PG-FO-601) APPLICATION for MONUMENTAL PERMIT

CEMETERY

☐ GRIFFITH

☐ YENDA

TO BE SUBMITTED TO COUNCIL BY EMAIL TO
cemetery@griffith.nsw.gov.au and
admin@griffith.nsw.gov.au

A MINIMUM OF FIVE (5) WORKING DAYS PRIOR TO
START OF WORK.

Monumental Mason: _____

Address & Town: _____

Email: _____

Mobile: _____

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

☐

New Monument

☐

Additional Inscription

☐

Major Renovation or Repair

☐

Other: _____

☐

Minor Renovation or Repair

PLEASE NOTE:

☐

Submit a copy of your current Public Liability & Workers Compensation Insurance with a minimum \$20,000,000 cover

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: _____

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: ____ / ____ / ____

| | | | |
|-----------------------------------|---|------------------------|------------------|
| Approved: Parks & Gardens Manager | Group / System: Infrastructure and Operations | Document ID: PG-FO-601 | Version: 3 |
| Relevant To: | Date Issued: 18 Jan 2011 | Revised: 28 Aug 2018 | Status: Approved |
| | | | Page: 1 of 2 |



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The Application is:

☐

Approved

☐

Not Approved

Council's Authorised Officer