

Shoalhaven Bereavement Services

Application for a permit to carry out monument or headstone construction, repair or restoration work in a cemetery.

(Part 1 of the application)

Detail of burial place:		Date of A	Appl	ication:	
Cemetery					
Portion					
Row & Grave no.					
Full name of person buried in grave (or burial licence holder if no burial)					
Date of death (if applicable)					
Scope of work:					
If the work involves consi Elevation Drawings of prop	truction, drawings and specificosed work attached:	cations mu YES		attached: (circle response)	
Foundation construction details attached:			NO	(circle response)	
Proposed materials and co	nstruction comply with AS4204?	YES	NO	(circle response)	
Monument Mason or build cemetery)	der (must be registered with Sho	alhaven Be	reave	ement Services to carry o	ut work in a
Business name					
Contact person					
Contact phone					
Gardens and Crematorium	oplication is made in accordance Policy" and "Funerary and Monu ay result from the application sha referenced therein.	ment Maso	nry S	ervices Procedure" and th	nat any work carried
Signed	Da	ite:			
•	Mason of Builder		D	TO Applicant to	complete part ?

P.T.O – Applicant to complete part 2.



(witness)

Declaration – App	icant (part 2 of the application)
Full name	
Address	
	Postcode:
Email or phone numbe	
Relationship to person buried (if applicable)	
Inscription for heads	one:
 That I am the I application The Monumen The work shall The upkeep, n and those I repair or cand, in the every place. The Shoalhave The application Upon completing and placement 	alhaven City Council approving my application, I declare and acknowledge that older, or the authorised representative of the holder, of the burial licence referenced in this Mason or builder nominated in PART 1 of this application shall carry out the work be limited to scope and detail set out in PART 1 aintenance, repair and restoration of the monument and/ or headstone shall be my responsibility resent but of repair of any damages that might result from the proposed work shall be my responsibility of my absence, the responsibility of the estate of the person buried in the nominated burial in City Council's policies and procedures shall be complied with. If the fee must be paid at the time of lodgement and that the fee is not refundable. In of the work and inspection by Shoalhaven Bereavement Services to ensure required construction standards have been met, a refund of inscription/plaque funds held by Shoalhaven City Council in itie is to be made to the abovementioned Monument Mason.
Signed:	(Applicant) Date:
	(Αρριισαπι <i>)</i>
Witness:	(name of witness)
	·
Signed:	Date:

Shoalhaven Bereavement Service PO BOX 42 NOWRA

Date:_