

Form | 250.2016.144.6

Application for Erection or Repair of a Memorial

Public Health and Environment

Applicant

Applicant

Postal Address

Phone

Email

Relationship to the interment right holder (i.e. Son, daughter etc)

Cemetery and Plot Details

Name of Deceased

Cemetery Name

Religious Section

Section

Plot

Grave Type

 Single

 Double

Niche Wall Reference

 Single

 Double

Monumental Mason Details

Name/Company

Postal Address

Phone

Email

Details of Works – description of material to be used

Headstone

Ledger

Kerbing

Panel For Inscription

Proposed repairs

Design of Proposed Memorial or Repairs to Memorial – Measurements must be shown

Conditions in Relation to Erection of a Memorial

The following conditions apply to the Interment Right Holder:

- This form is to be used to gain approval to erect a monument on a grave site, beam or niche. Monuments without approval are not permitted within the Snowy Monaro Regional Council area.
- Please Note: Plaques must adhere to Council's current policy "Plaques in Council Cemeteries" where applicable.
- Headstone and monuments to comply with AS 4204.1994.
- Concrete surrounds to have a clear internal measurement of width 790mm and length 2160mm.
- No waste cement or overspill is to intrude within the concrete surrounds to allow clear access for formwork as required;
- The cemetery plot site is cleared of any excess materials and all such materials are removed from the cemetery;
- The maximum external measurements of a full monument must not exceed the maximum width of the specified plot – 1200mm wide and 2400mm in length.
- The interment and all associated monumental works shall be confined within the boundary of each cemetery plot.

Privacy Statement

The information you provide on this form is being collected by council for the purposes of assessing your application and may be disclosed to any relevant government agency. The information is required for assessment of your application, which may not be accepted or processed if all of the requested information is not provided. Your application will be included in a register that may be viewed by the public at any time. Please contact us if the information that you provided is incorrect, or has changed.

Signatures

Owner or Authorised Representative: **DELETE whichever is not applicable**

I, declare that I

- Am the person in whose name the Interment Right was authorised;
- Am the executor of the estate of the person in whose name the Interment Right was authorised;
- Am the person with the written authority of the executor of the estate of the person in whose name the Interment Right was authorised ;
- Have authority for the use of the grave;
- I consent to the above work being carried out and accept the responsibility for the monument, its ongoing maintenance and state of repair. I have no claim upon council for any damages arising from vandalism, theft or reason beyond direct control of Council.
- I further declare all the information contained in this application is correct.

| | |
|---------------------|------|
| Applicant Signature | Date |
| Applicant Signature | Date |

Office Use ONLY

Authorised By

| | | |
|-----------|------|------|
| Signature | Name | Date |
|-----------|------|------|

For further information or assistance on completing this form please contact Council.

Mail: PO Box 714 COOMA NSW 2630

Phone: 1300 345 345

Email: council@snowymonaro.nsw.gov.au

Web: snowymonaro.nsw.gov.au