

## APPLICATION TO CARRY OUT MONUMENTAL WORK AT SEDFIELD AND JERRYS PLAINS CEMETERIES

### Applicant Details

Permit Number : \_\_\_\_\_

Full Name : \_\_\_\_\_

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

Phone No: \_\_\_\_\_ Email: \_\_\_\_\_

Are you aware of anyone, who would dispute the works proposed to be carried out? Is there any dispute within the family? Yes / No

Relationship of applicant to deceased: \_\_\_\_\_

### Monument Details

Name of Deceased: \_\_\_\_\_

Location to which the work will be restricted (Cemetery, Section, Row and Plot Number):  
\_\_\_\_\_  
\_\_\_\_\_Description of the proposed work: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please attach drawing detailing the work. Be sure to include specification for the monuments foundations.**

Materials to be used: \_\_\_\_\_  
\_\_\_\_\_

### Stonemason Details

Name: \_\_\_\_\_

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

If a stonemason is not to carry out the work, who will and what relative skills does that person possess to successfully complete the work? \_\_\_\_\_  
\_\_\_\_\_

### Approval

Signed: \_\_\_\_\_ Date : \_\_\_\_\_

(The application must be made by the grantee or an agent authorised by the grantee)

Approved: \_\_\_\_\_

(Council Officer) Signature:

Name:

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Approval Number: \_\_\_\_\_

### Fee

Monumental Fee \$ \_\_\_\_\_ Date: \_\_\_\_\_

Total Cost \$ \_\_\_\_\_ Cost code: GL: 04156.0702.9006

Approval is subject to the conditions laid out in the Singleton Council's Operating Policy and Australian Standard AS4204-1994 headstones and cemetery monuments. Work not conforming to the conditions of the application may be removed without notice.

**PLEASE NOTE: HEADSTONE MUST SIT BACK 200 MM FROM THE FRONT OF CONCRETE BEAM TO ALLOW MAINTENANCE OF GRAVE**