



CEMETERY MEMORIAL MARKER PERMIT APPLICATION

Completed applications must be accompanied by a copy of the design provided by the Monument Company and include the dimensions using the charts below

Placement of monuments must comply with the following:

- No person shall install a monument without prior approval from the Cemetery Supervisor
- A concrete or granite foundation extending no less than 3 inches on each side of the monument, not less than 6 inches in depth and being at the level of the ground adjoining the grave plot
**Flat markers do not require a foundation and must be placed flush with surrounding grade
- Foundations for Memorial markers must only be placed within the portion of the plot identified by the template outlined by the Cemetery Supervisor
- Monuments shall be constructed of granite, marble or bronze. Carin or boulder monuments may be permitted at the discretion of the Cemetery Supervisor with written approval
- The permit fee, based on the current Fees & Rates Bylaw, **must be paid in full** prior to installation
- Installation of Markers is permitted with **72-hours notice**, weekdays between 8:30 am- 3:30 pm from **April 1- October 31, only**

_____ requests to install a memorial marker for
Monument Company Name

_____ Located at Block _____ Lot _____ Space _____
Name of deceased

Type of Monument (Check one):

☐

Upright, must not exceed: 40" height x 18"depth x 48" width

☐

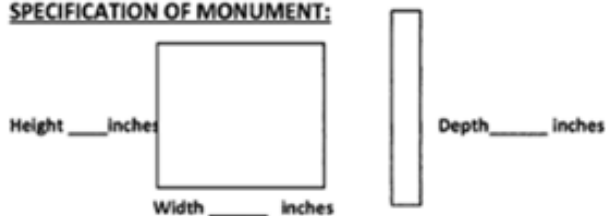
Pillow, must not exceed: 12" height x 18"depth x 48"width

☐

Flat, must not exceed: 24" length x 48"width

The dimensions are to be confirmed using the diagrams below (Please label):

SPECIFICATION OF MONUMENT:



FOUNDATION DIMENSIONS





Name of Rights Holder *or* Family
Member *or* Client placing Order: _____

Phone: _____ Email: _____

**Requested DATE of
INSTALLATION:**
(with 72 hours notice)

Signature

Monument Company Representative

Date

Phone: _____

Email: _____

TOWN OFFICE USE ONLY

➤ **Pre-installation - permit review and site**

Marked by

(Name of Cemetery Supervisor or Designate)

Date

Date of permit review

Permit #

*(Generated at the time of payment and
represents the payment Receipt number)*

➤ **Post-Installation Inspection - Inspected & approval**

Inspected & approved by

(Name of Cemetery Supervisor or Designate)

Date

Date of Inspection

➤ **Post-Installation Inspection – Follow up required**

Inspected by

(Name of Cemetery Supervisor or Designate)

Date

Date of Inspection

Follow up

Provide information on reason for follow up