**Application to erect monument / carry out alterations**

Cemeteries

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Folder | 119623 | Workflow | Headstone Plaques | Doc ID |  | Box No |  |

Pursuant to Council Policy *252 – Cemeteries,* ten (10) days’ notice must be given to allow sufficient time for Council to process this application. This application must be approved in writing by a Council Officer prior to any works being carried out.

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| **DECEASED DETAILS** |
|  |
| **Surname** |  | **First name** |  | **Middle names** |
|       |  |       |  |       |

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| **CEMETERY DETAILS** |
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| **Cemetery** |  | **Cemetery Type** |
|       |  |  |
|  |
| **Section** |  | **Row** |  | **Plot** |
|       |  |      |  |       |

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| **APPLICANT DETAILS** |
|  |
| **Company Name** |  | **Mason Name** |
|       |  |       |
|  |
| **Postal address** |  | **State** |  | **Postcode** |
|       |  |       |  |       |
|  |
| **Contact number** |  | **Email address** |
|       |  |       |
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| **PUBLIC LIABILITY INSURANCE** - Not applicable for minor works e.g. Cleaning, painting etc. |
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| **Insurance Company Name** |  | **Insurance Policy Number** |
|       |  |       |

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| **DETAILS OF BURIAL RIGHT HOLDER / NEXT OF KIN 1** |
|  |
| **Surname** |  | **First name** |  | **Burial Right Holder?** |
|       |  |       |  |  |
|  |
| **Postal address** |  | **State** |  | **Postcode** |
|       |  |       |  |       |
|  |
| **Relationship** |  | **Contact number/s** |
|       |  |       |

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| **DETAILS OF BURIAL RIGHT HOLDER / NEXT OF KIN 2** |
|  |
| **Surname** |  | **First name** |  | **Burial Right Holder?** |
|       |  |       |  |  |
|  |
| **Postal address** |  | **State** |  | **Postcode** |
|       |  |       |  |       |
|  |
| **Relationship** |  | **Contact number/s** |
|       |  |       |

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| **MONUMENT DETAILS** |
|  |
| **Date of work** |  | **Start time** |  | **Finish time** |  | **Require Council Representative** |
|       |  |       |  |       |  |  |
|  |
| **Length** |  | **Width** |  | **Height** |  | **Tick if design is attached** |
|       |  |       |  |       |  | [ ]  |
|  |  |
| **Description of work** |
|        |

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| **SIGNED** |
|  |
| **Signature** |  | **Date** |
|       |  |       |

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| **LODGEMENT OF YOUR APPLICATION** |
| MAIL | Chief Executive Officer, PO Box 390, Gayndah, Qld 4625 |
| EMAIL | admin@northburnett.qld.gov.au | TELEPHONE | 1300 MY NBRC (1300 696 272) |
| IN PERSON | Visit our customer administration offices 8.30am – 4.30pm (closed 11.30am – 12.30pm) |

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| **OFFICE USE ONLY** |
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| **Information received from** |  | **Date and time** |
|       |  |       |
|  |
| **NBRC Receiving Officer** |  | **NBRC contact officer** |
|       |  |       |

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| **OFFICE USE ONLY** – APPLICATION CHECKLIST TO BE COMPLETED WITH APPLICANT |
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| **[ ]**  | **Cemetery*** The correct location of gravesite is provided by a Council Officer
* The cemetery is left in a clean and tidy condition having removed all excess materials utilised for stone/cement masonry work
* Any damages to nearby gravesites occurring during installation of monuments must be reported to the Chief Executive Officer and the respective stonemason will be charged for repair costs
* The person/stonemasons carrying out work must hold a valid public liability insurance policy
* The cost of such monument/memorial is to be borne by the applicant
* Council takes no responsibility to repairs due to age, weather or vandalism
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| **[ ]**  | **Memorials*** Memorials must be constructed on a slab 1.2m x 2.4m x 15cm for single burial site
* Memorials must be constructed on a slab 2.4m x 2.4m x 15cm for double burial site
* Must be safely and securely placed;
* Shall be consistent with the existing amenity of the section of the cemetery in which it is to be erected or installed
* Shall be marked with the name of the person whose remains are contained in the resting place
* All stone/cement masonry work is carried out in a professional manner
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| **Burial Right Holder / Next of Kin / Stonemason** |  | **Signed** |  | **Date** |
|       |  |  |  |       |
|  |
| **Customer Service Officer** |  | **Signed** |  | **Date** |
|       |  |  |  |       |