

Application for monumental work

Request for Memorial Permit

In accordance with Southland District Council Cemetery Bylaw 2016.

DATE REQUESTED		CEMETERY	
APPLICANT DETAILS			
Surname(s)			
Given names (in full)			
Address			
Contact telephone number			
Email address			
PLOT DETAILS (HEADSTONE OR PLAQUE)			
Full legal name of deceased			
Date of interment			
Plot type	<input type="checkbox"/> Full sized plot	<input type="checkbox"/> Ashes plot	
Block and plot number			
Applicants authority to apply			
MONUMENT/MEMORIAL DETAILS			
Type of monument or memorial	<input type="checkbox"/> Headstone	<input type="checkbox"/> Plaque	<input type="checkbox"/> Memorial wall
Memorial wall allocation (by SDC)			
Description of proposed memorial, must be supported by an attached sketch plan/photographs of the proposed memorial that includes dimensions and material type.			
Proposed method of fixing to beam or Memorial wall			
Name of monumental mason			
DECLARATION AND AUTHORITY			
<p>I declare that all monumental masonry work will be carried out by the undersigned in accordance with NZS 4242: 2018 New Zealand Standard for Headstones and Cemetery Monuments and also in accordance with the Southland District Council Bylaw 2016, (see attached).</p> <p>I as the applicant give my permission for the erection of the work mentioned above, and in consideration of Council permitting the execution of such work on the above plot. I also Do Hereby Indemnify and hold safe and harmless the Council against all actions, proceedings, claims, demands, costs, losses and expenses whatsoever which may be made on or instituted against or suffered by the Council in any manner whatsoever by reason of the Council having consented to the execution of such work.</p>			
OWNER/AGENT APPLICANT SIGNATURE		MONUMENTAL MASON SIGNATURE	
<p>Monumental mason please email image of installed monument to: servicedesk@southlanddc.govt.nz</p>			

ADMINISTRATION: (OFFICE USE ONLY)			
Authorised by		Date Issued	
Issuing CSP			
RM8 ref no			