

# APPLICATION FOR PERMIT

## NEW MONUMENT INSTALLATION CHANGE TO EXISTING MONUMENT

Ph: 403-625-3381

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TOWN OF CLARESHOLM

111 55th Avenue W

P.O. Box 1000

CLARESHOLM, AB T0L 0T0

**DATE:**

<b>LOCATION</b>	<b>TYPE OF SERVICE:</b>	
<i>Block:</i> <input style="width: 100%;" type="text"/>	<i>New Installation (specify: Single / Double)</i>	<input style="width: 100%;" type="text"/>
<i>Lot:</i> <input style="width: 100%;" type="text"/>	<i>New Installation on Columbarium</i>	<input style="width: 100%;" type="text"/>
<i>Plot:</i> <input style="width: 100%;" type="text"/>	<i>Permanent Removal</i>	<input style="width: 100%;" type="text"/>
<i># of graves to be marked:</i> <input style="width: 100%;" type="text"/>	<i>Removal for Alteration / Repair</i>	<input style="width: 100%;" type="text"/>
	<i>On Site Alteration / Repair</i>	<input style="width: 100%;" type="text"/>

Name of Deceased: \_\_\_\_\_ Date of Death: \_\_\_\_\_

Name of Interment Rights Holders: \_\_\_\_\_

MONUMENT TYPE	SIZE (inches)	LENGTH	WIDTH	HEIGHT
<i>Flat</i> <input style="width: 100%;" type="text"/>	Monument	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<i>Pillow</i> <input style="width: 100%;" type="text"/>	Foundation	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<i>Upright</i> <input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

*The owner of this monument assumes responsibility to maintain the monument, or gives the Town of Claresholm the right to remove the monument should it fall into a state of disrepair.*

***Any additional monument, plaque or marker for a plot must be installed on the existing monument***

*I am aware of my responsibility as the owner of the monument.*

\_\_\_\_\_  
*Signature*

**MONUMENT PURCHASER:**

Purchaser Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Signature of Purchaser: (or Monument Mason) \_\_\_\_\_ Date: \_\_\_\_\_

Date Work Done: \_\_\_\_\_

Monument Company Name: \_\_\_\_\_ Contact #: \_\_\_\_\_

Monument Company Address: \_\_\_\_\_ Installer: \_\_\_\_\_

\_\_\_\_\_ Date Installed: \_\_\_\_\_

\_\_\_\_\_ Inspected: \_\_\_\_\_

**Director of Infrastructure:**

Grave will be marked within 5 working days from receipt of this completed application permit.

(Return application to this office by fax, email or during office hours in person.)

Marked By: \_\_\_\_\_ Date Returned: \_\_\_\_\_



