

# Application For Monumental Works Permit



Cemeteries

## Office Use ONLY

Licence Number (Burial Licence)  Fee Paid: \$  Receipt Number:  Date:

### PLEASE PRINT IN BLOCK LETTERS

Name of Holder:  Telephone:   
(Burial Licence Holder)

Address:

### OR

Name of Applicant:  Telephone:   
(Authorised Person)

Address:

Cemetery:  Section:  Row:  Plot Number:

Name of Deceased:

### Conditions:

Only the Holder or Authorised Person can authorise the placement of any Monumental Work. If Authorised Person, proof of authority to act on behalf of Holder must accompany this application.

A plan of the works must be attached to this application. All Monumental Works must be carried out in accordance with the following documentation:

- **Australian Standard for Monuments and Headstones in Cemeteries.**
- Current Central Coast Council "Requirements to carry out Monumental Work".

Onsite work is subject to:

- **"Conditions for Masonry Work at Central Coast Council cemeteries"** which accompanies the permit when issued.

Please note: All materials shall be of a permanent nature. Timber, bricks and mortar, ferrous metals etc are not considered permanent or appropriate for monuments. In the lawn sections of the cemeteries, the scope of the work will be limited to the provision of the fixing of a plaque and approved headstone to the concrete lawn beam at the site of the grave.

To ensure the lawn section of the cemetery is maintained to a high standard, no ornaments, crosses, statues, icons, vases or other items may be permanently or temporarily placed onto the lawn. The planting of any flowers, shrubs, grass or trees at the grave site or anywhere else within the lawn cemetery is not permitted.

If any monumental work is positioned incorrectly and may interfere with the re-opening of graves for future interments, Council may relocate monuments at their discretion.

I/We the Holder/Authorised Person of the above allotment, apply for permission to carry out monumental work as shown on the attached plan and inscription, in accordance with Council's Conditions as listed above.

Permit to erect: (please tick) (Option 4 and 5 are for older denominational sections ONLY)

- |                      |                          |   |                          |
|----------------------|--------------------------|---|--------------------------|
| 1. Single Headstone  | <input type="checkbox"/> | 4. Stone - Concrete Kerb (NOT PERMITTED IN ANY GENERAL LAWN SECTIONS) | <input type="checkbox"/> |
| 2. Double Headstone  | <input type="checkbox"/> | 5. Slab over grave (NOT PERMITTED IN ANY GENERAL LAWN SECTIONS)       | <input type="checkbox"/> |
| 3. Added Inscription | <input type="checkbox"/> |   |                          |

Name of Monumental Mason:  Telephone:

Address:

Expected date of completion/ installation:

Signed:  Date:   
(Holder or Authorised Person)

Cemeteries Bereavement Officer **P** (02)4350 5108 **F** (02) 4350 1520 **E** cemeteries@wyong.nsw.gov.au

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# Design of proposed Monumental Work

Details of type of materials to be used, dimensions or work and design of footings or foundations if applicable are required.

## Inscription

All writing and drawings must be in ink.
