



## Application/Permit to carry out work

**THIS FORM IS TO BE COMPLETED AND FORWARDED TO THE STRATFORD DISTRICT COUNCIL, PO BOX 320, STRATFORD, OR EMAIL to cemetery@stratford.govt.nz WHERE IT WILL BE ACTIONED AND RETURNED. NO WORK IS TO BE COMMENCED UNTIL THE PERMIT IS RECEIVED BACK BY THE APPLICANT.**

### I apply for permission to:

(Select one)

- Erect **New or Update Old** (select one) headstone / base
- Dismantle Grave Top and surrounds and convert to lawn type
- Other \_\_\_\_\_

On the Grave of \_\_\_\_\_

Cemetery: \_\_\_\_\_

Number of Plots the Memorial covering: \_\_\_\_\_

If known - Block: \_\_\_\_\_ Plot: \_\_\_\_\_

**NOTE** : If the work is **not** being done by a Monumental Mason, a **damage bond of \$300.00** is required. This bond is **refundable** following inspection of site by Council.

NAME OF APPLICANT : \_\_\_\_\_

ADDRESS OF APPLICANT : \_\_\_\_\_

PHONE NO. OF APPLICANT : \_\_\_\_\_

MONUMENTAL MASON : \_\_\_\_\_

### Declaration of Applicant:

1. I declare that to the best of my knowledge, that the information provided is true and correct, also the plot fees and burial and/or cremation charges have been paid in full.
2. I understand that through Stratford District Council Cemetery Bylaw that no headstone (new or updated) will exceed the berm dimensions
3. I agree that a photo of the headstone/plaque can be published in the cemetery search facility on the Stratford District Council website

**Yes**       **No**

SIGNATURE OF APPLICANT \_\_\_\_\_

### FOR OFFICE USE ONLY

Locality : \_\_\_\_\_ Block : \_\_\_\_\_ Plot : \_\_\_\_\_

### Approved Subject to Compliance with the Cemetery Bylaws

\_\_\_\_\_ Date

\_\_\_\_\_ for DIRECTOR - ASSETS

### Work Completed and Approved

\_\_\_\_\_ Date

\_\_\_\_\_ PROPERTY ASSET MANAGER

Fee Paid (Damage Bond) : \_\_\_\_\_ Date \_\_\_\_\_ Receipt No. \_\_\_\_\_

**Bond Refund** : (245005.6122.0900 (no GST))

Amount : \_\_\_\_\_ Date : \_\_\_\_\_