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|---|------------------|---------------------------------|---|
| 1. DECEASED DETAILS | | | |
| Name of deceased | | | |
| Grave Space No: | | | |
| 2. APPLICANT DETAILS | | | |
| Name and address of person requesting memorial to be provided: | | | |
| | | | |
| Declaration: <i>I confirm that I am the registered grave owner.</i> | | (signature) | (date) |
| 3. MEMORIAL DETAILS | | | |
| A. Name and address of monumental mason who will supply and install the memorial | | | |
| | | | |
| B. Memorial design, construction and inscription details All memorials will be subject to design approval by the Council. Please confirm the following: | | | |
| i. The design of the memorial, dowels, sub base, foundation and ground anchor system fully complies with the currently published NAMM code of practice. ii. I enclose as part of this application detailed sketches that fully illustrate the proposed design, type of materials and sizes of all component parts. iii. I have produced and enclosed a method statement explaining the installation method. iv. I have produced and enclosed details of the proposed inscription. | | | <i>Please tick all boxes</i> <input type="checkbox"/> <input checked="" type="checkbox"/> |
| 4. WARRANTY – please indicate your agreement by ticking the boxes and signing the form below (to be completed by Monumental Mason/Funeral Director) | | | |
| v. The quality of workmanship, methodology and materials used will be capable of withstanding a 30-year period from original date of installation. vi. I agree to replace/repair/reinstate the memorial at my expense if following a safety test of the memorial it is deemed to have failed the test as a result of poor workmanship. vii. Installation will only take place when the grave is free of any form of subsidence and at a date and time previously agreed in writing by the council | | | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| Name (print) | Signature | Position (eg proprietor) | Date |
| | | | |

To be completed by council staff

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|---|--------------------------|--------------------------------------|
| 5. APPLICATION APPROVAL | | |
| A. Design checked against NAMM code and approved | <input type="checkbox"/> | Approved/Actioned by |
| B. Permit issued date | <input type="text"/> | |
| C. Installation date confirmed as | <input type="text"/> | |
| D. Site marked out | <input type="checkbox"/> | |
| E. Installation supervised | <input type="checkbox"/> | |
| F. Safety test performed (minimum 1 month after) | <input type="checkbox"/> | |