



City of Port Lincoln

Template No 16-71-T3

Address: Level One, Civic Centre, 60 Tasman Terrace, Port Lincoln SA 5606
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NORTH SHIELDS GARDEN CEMETERY

APPLICATION FOR PERMIT TO ERECT A HEADSTONE OR ADDITIONAL INSCRIPTION

Name of Monumental Mason and/or Applicant:		
Postal Address:		
Phone:	Email:	
Full name of Deceased:		
Location of grave - Section:	Row:	Allotment:
Date of works to commence (approximate):	<input type="checkbox"/> Permit fee enclosed (GST exempt) or/ <input type="checkbox"/> To be invoiced (complete below) <i>Please refer to Council's current fees and charges schedule, available at www.portlincoln.sa.gov.au → Documents → Fees and Charges or the Council Office</i>	
Person Responsible for payment of fees (if different to applicant):		
Postal address:		
Phone:	Email:	

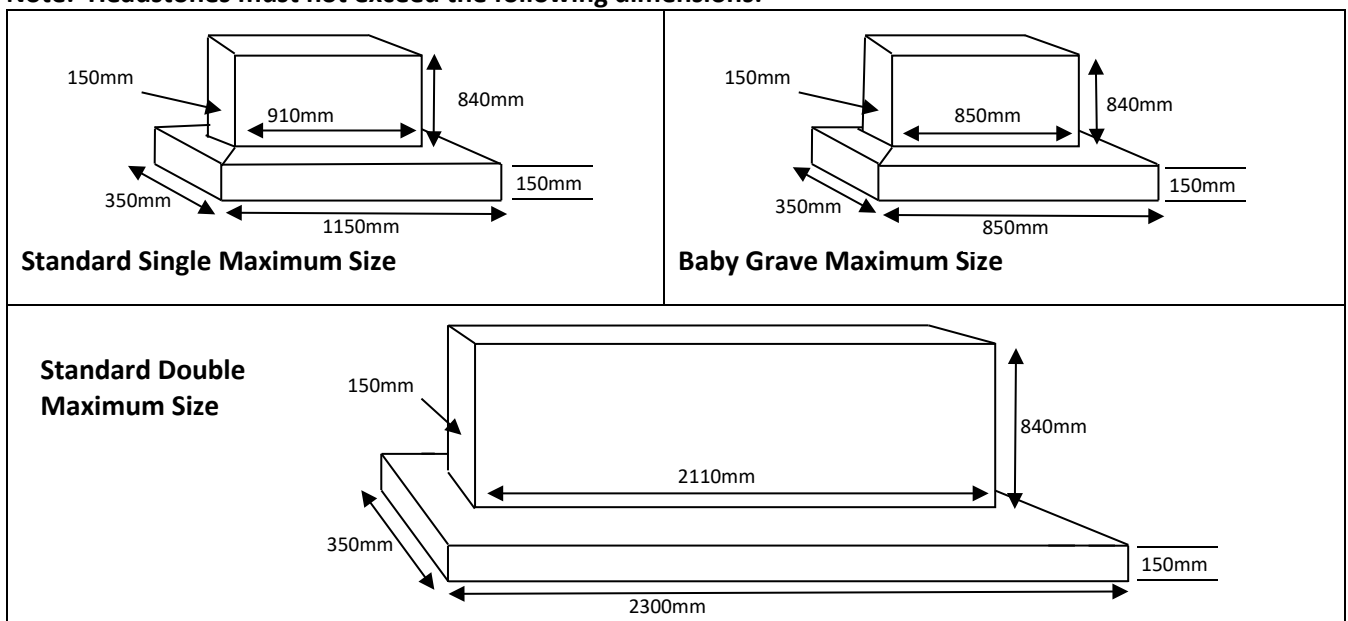
I/We hereby apply for permission to undertake the following in the North Shields Garden Cemetery:

- Erect a headstone
- Add additional inscription on an existing headstone

All works must be carried out in accordance with the plans and specifications enclosed within this application and comply with the rules, regulations and directions of the relevant Cemetery Authority

Signed (monumental mason/applicant):	Date:
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Note: Headstones must not exceed the following dimensions:



Interment Right Holder declaration:

I	(full name)
Of	(address)

Warrant that I – please select one of the following

- Am the person on whose name the interment right is issued
 - Have written authority of the person in whose name the interment right was issued
 - Am the legal representative of the interment right holder
- i. I warrant that all the information given is correct and consent to the work described in this application being carried out.
 - ii. As owner, I acknowledge that I have a responsibility to maintain the monument in thorough order and condition during the term of the interment right and, if I do not, the Cemetery Authority has the right to remove it and recover the cost of doing so from me as a debt payable on demand.
 - iii. I acknowledge responsibility to remove the monument on expiry of the interment right subject to any right of renewal.
 - iv. I do agree to indemnify and hold harmless the Cemetery Authority against any claims, actions, liability, loss, damage or expense arising to or against the Cemetery Authority in respect to the monument, the condition or repair of or damage to the monument, or the removal of the monument occurring at any time after the installation of the monument.
 - v. I understand that if the headstone or memorial is not removed within two years of the interment right for the site expiring, the Cemetery Authority has the legal right to remove the headstone or memorial and dispose of it as they see fit (Burial and Cremation Regulations 2014). I also acknowledge that it is my responsibility to advise the Cemetery Authority of any change of address.

Signed:	Date:
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OFFICE USE ONLY:

Interment Right No:	Burial Reg. No.	Section:	Row:	Allotment:
Amount Owing	Cashier Receipt Number:	Date:		
Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No	Applicant notified: <input type="checkbox"/> Yes <input type="checkbox"/> No	Manager Community Infrastructure signature:	Cemetery Curator confirmation that works have been undertaken as per application:	