

City of Port Lincoln

Address: Level One, Civic Centre, 60 Tasman Terrace, Port Lincoln SA 5606

Template No

16-71-T3

Postal Address: PO Box 1787, Port Lincoln SA 5606

Email: plcc@plcc.sa.gov.au Web: www.portlincoln.sa.gov.au

NORTH SHIELDS GARDEN CEMETERY APPLICATION FOR PERMIT TO ERECT A HEADSTONE OR ADDITIONAL INSCRIPTION

Applicant:							
Phone:		Email:					
Row:		Allotment:					
Please refer to Coun	cil's current fees and ci						
Person Responsible for payment of fees (if different to applicant):							
	Email:						
nce with the pla and directions of):	ns and specificat the relevant Ce	ions enclosed within this application metery Authority Date:					
0mm	150mm 350mm	850mm 150mm 850mm sximum Size					
2300	2110mm	840mm 150mm					
	Row: Permit fee en Please refer to Coun- www.portlincoln.sa. Is (if different to dertake the follo n existing headst nce with the pla and directions of): Is following dime Omm 150mm	Email:					

Instructions to Monumental Masons regarding use of standard application for Memorial

- Applications not accepted unless signed by interment right holder or authorised representative
- Drawing of monument with full measurements and dimensions is required
- Application to be forwarded with correct fees or by credit arrangement
- Minimum time to process permits 48 hours
- All applications subject to regulation of cemetery authority
- Masons/Applicant to present a copy of approved permit to authorised cemetery staff before memorial is installed, or before any additional inscription is added
- Applications only accepted on prescribed form not those of Monumental Masons
- Full detail of proposed inscription (new or additional) and accurate translations of inscriptions if not in English
- Variations to the headstone dimensions may be approved provided the base dimensions and an overall height (inclusive of base) of 1m are not exceeded
- NO inscription or markings will be allowed on the back of monuments

Manufacture of the headstone should not commence until permit is approved							
DETAILS OF HEADSTONE DESIGN (HEIGHT, WIDTH & DEPTH IN MM) & TYPE OF STONE:							
WORDING OF THE INSCRIPTION TO BE INSCRIBED ON THE MONUMENT (NEW OR ADDITIONAL):							
EXAMPLE DRAWING OF HEADSTONE DESIGN WITH MEASUREMENTS:							
EXAMILE DIVAVING OF HEADSTONE BESIGN WITH MEASONEMENTS.							
at.							
PLEASE ATTACH PHOTO OF STONE FOR PRIVATE WORKS							

City of Port Lincoln

I						(full name)		
Of						(address)		
	lease select one of	f the following						
☐ Am the pe	erson on whose na	ame the interment right is issued						
☐ Have writ	ten authority of th	of the person in whose name the interment right was issued						
☐ Am the le	gal representative	of the interment righ	nt holder					
I warrant that being carried		n given is correct and	consent to	the work des	cribed in this	application		
condition dur to remove it a I acknowledge right of renew I do agree to i loss, damage condition or r time after the I understand if for the site ex and dispose o	ing the term of the and recover the cose responsibility to reval. Indemnify and hold or expense arising epair of or damage installation of the that if the headstore piring, the Cemete of it as they see fit (nave a responsibility to interment right and, st of doing so from more move the monument of harmless the Cemet is to or against the Cemet is to the monument, or monument. The or memorial is not ery Authority has the light and Cremation Cemetery Authority of Cemetery Authority of	if I do not, to as a debt point on expiry sery Authority netery Authority the removed we legal right to a Regulations	the Cemetery payable on do of the internal by against any ority in responding the modification two years remove the second of the last of the modernal of the modernal by the second of the modernal by the second of the last of the last of the second of th	y Authority had a mand. The mand and a comment occurs of the interpretation of the decomposition of the interpretation of the interp	as the right bject to any ons, liability, nument, the rring at any erment right or memorial		
Signed:			Date:					
OFFICE USE ONLY:		L						
Interment Right No:				Section:	Row:	Allotment:		
Amount Owing	unt Owing Cashier Receipt Number:		r:	Date:				
Approved: Yes No	Applicant notified: Yes No	Manager Community Infrastructure signature:		Cemetery Curator confirmation that works h been undertaken as per application:				