

SHIRE OF BROOKTON PUBLIC CEMETERY

APPLICATION FOR A MONUMENT

Applicant (Works cannot commence until an approval is issued. The approval will be subject to conditions.) Company Name: _____ Contact Person: _____ Postal Address: Post Code: Contact No.: Is the work being undertaken by a monumental mason? Yes NO Is the grave over 6months old? Yes Type of Work (All monumental works shall be done by an appropriately trained monumental mason. Consideration will be given to applications made by non-masons if the work is minor.) Restoration works New monumental works Kerbing Height out of ground to top end Material to be used Memorial stone/plaque Height from level of kerbing Width Thickness Material to be used **Monuments** Height from level of kerbing Width Thickness Material to be used **Niche Plaque** Width Thickness Material to be used

Sketch of proposed works (Attach any additional pages if further space is required Monumental works cannot be carried out on a grave less than 6 months old. This reduces the inci	vired) dence of
structural cracking and breaking of monumental works as a result of subsidence.	
Deceased Details	
Surname:	
Given Names:	
Date of Birth:/ Date of Death/	Age
Religious Denomination: Row NoPlot	No
Proposed Inscription	

Proposed time of work

Proposed Date:	/	/	Proposed time:	AM/PM
All monumental wor engineering principle structural materials A minimum of 790m for adult graves unle No structures are to	ks are test to progressive to progressive the contraction of the contr	to be des ovide a n pine; wire n and 216 conditior d 900mm	at in Council managed Cemetery without appring and constructed in accordance with someonument that is stable, durable and service e, shade cloth etc are not permitted. 60mm length is to be provided between the ens prevent this. In in height above ground level. It is are not permitted.	ound eable. All

Office Use ONLY Location details Confirmed	Time confirmed:		
Religious Denomination:		Plot No.	Row No.
Date of Proposed works:		<u> </u>	
Certificate of currency:			_ (Insurer)
For \$	(amount)/	/(expir	y date) OR
Approval Issued			
Location has been pegged	d		
Fees paid Monumental Fee:			
Total Paid:	Receipt No:	Date:	<i></i>

For Further Information

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