

Monument Permit

**In accordance with New Zealand Standard Headstone and Cemetery Monuments:
NZS 4242: 1995**

Date of application:

Application is hereby made for permission to carry out monumental work in Cemetery.

Plot Number

Block Number

Only approved Monumental Masons or suitably qualified trades persons will be permitted to erect headstones and monuments in any Waikato District Council cemetery.

On approval of application for monument work an Approval Fax or email will be forwarded and must be carried at all times while working in the cemetery.

I hereby declare that all monumental masonry work carried out by the undersigned will be done in accordance with NZS 4242:1995 (Headstone and Cemetery Monuments), and also in accordance with Waikato District Council’s Cemetery Bylaw 2008 and the Franklin District Council Cemetery ByLaw 2008.

I further understand that failure to comply with the above standards may result in a fine.

Name of Monumental Mason:

Address:

Fax/Ph/Email:

Signature of Monumental Mason:

Authority to be signed by authorized representative/owner of plot(s).

I hereby give my permission for the erection of the work described above, and in consideration of Council permitting the execution of such work on the above plot, I the undersigned hereby indemnify the Council against all actions, proceedings, claims, demands, damages, costs, losses and expenses whatsoever which may be made against or suffered by the Council in any manner whatsoever by reason of the Council having consented to the execution of such work.

Name of authorised representative:

Address:
.....

Signature:

Particulars of Work

Name of deceased:

Activity	Single	Double	Ashes
Headstone			
Renovation			
Additional Inscription (detail below)			
Bronze Plaque			
Others (describe)			

Material the headstone is constructed of: _____

First Inscription:

Scale sketch showing all aspects of work to be carried out (brochure of appropriate monument may be substituted). Dimensions of intended work must also be included.

Second Inscription:

Scale sketch of monument detailing anchor points, layout etc. use separate page.

Please note, burial plot headstone plinth areas must comply with Waikato District Council Headstone specifications.

Date permit required

Permit Number

Approved by Cemetery Office

Date

Payment Details	Payment by arrangement (to be approved by Finance Manager)
Memorial permit fee: \$ _____	_____
Total payable: \$ _____	_____
Payment made: \$ _____	_____
Date: _____	_____
Receipt number: _____	_____

Confirmation of Headstone Installation

In accordance with Council Cemetery Bylaws and approved Monument Permit application;

I _____ hereby confirm that the headstone as approved by Waikato District Council has been erected on Plot _____ Block _____ in the _____ Cemetery on ____ / ____ / 20 ____.

Permit # _____

Signed _____
Authorized Monumental Mason

This form must be returned to Waikato District Council upon completion of the headstone installation. Failure to do so will be in breach of Council Bylaws and may result in the headstone being removed.

Please note: An electronic photograph of the installed or amended headstone must accompany the Headstone Installation Confirmation form. This will enable Council to ensure its online cemetery database is kept up to date.

Please return this form to:

Post Waikato District Council, Private Bag 544, Ngaruawahia 3720
Email cemeteries@waidc.govt.nz
Fax 07 824 8091