

CEMETERY MARKER/MONUMENT
INSTALLATION PERMIT

Name of Cemetery: _____

Name(s) Inscribed: _____

Grave Location/Description: _____

TYPE OF STONE:

- Cremains Pedestal _____
- Bevel _____
- Bronze _____
- Estate Columbarium _____
- Slant _____
- Veteran Marker _____ *(Fee waived for Government issued marker)*
- Monument _____

Dimensions of Foundation & Marker/Monument: _____

CONTRACTOR RECORDING FEE: \$36.00 (2023 Rate)

Cash Check Credit Card
Permit and receipt will be issued upon payment)

Proposed Install Date of Foundation: _____

Proposed Install Date of Marker/Monument: _____

Installation Company: _____ Phone #: _____

Address: _____ State: _____ Zip: _____

(Signature of Monument Company Representative)

Date

(Print name)

Permit Approved: _____

(Signature of Cemetery Staff)

Date

REQUEST TO HAVE SITE MARKED/FLAGGED: Yes No

NOTE: ON-SITE PERMIT REQUIRED AT TIME OF INSTALLATION.