**APPLICATION FOR PERMIT TO UNDERTAKE MONUMENTAL WORK**

**Tavistock Cemetery**

**Tavistock Town Council -*Working for the local community***



Town Council Offices

Drake Road

Tavistock

Devon, PL19 0AU

Tel: 01822 613529

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name and Address of Monumental Mason: | | | | | | | | | | | | | | | | |
| Name of Deceased: | | | | | | Name of Last Interment: | | | | | | | | Grave No. | Deed No. | |
| Describe work to be undertaken (sketch/photo on reverse) e.g. new memorial, add inscription, repair etc.: | | | | | | | | | | | | | | | | |
| Describe in full proposed memorial, including fixing method/foundation: | | | | | | | | | | | | | | | | |
| Height of Plate | |  | Width of Plate | | | | | |  | | Size of Kerbs | | | | |  |
| Height of Base | |  | Width of Base | | | | | |  | | Size of Posts | | | | |  |
| Length of Foundation | |  | Width of Foundation | | | | | |  | | Thickness of Foundation | | | | |  |
| Date of intention to fix memorial | | | |  | | | | | | | | | | | | |
| Every memorial mason shall guarantee each individual memorial in respect of safety and stability for a period of no less than 5 years and no more than 30 years. The right to erect a memorial is subject to a 5 yearly inspection by the Cemetery Administrator. This right may be extended after the 30 year period subject to the memorial being inspected and found to be safe.  Prior to any work commencing the cemetery office must receive the permit confirming the installation date. All memorials must have the Grave Number and Memorial Firm inscribed on the base. | | | | | | | | | | | | | | | | |
| Payment Method |  | | | | | | | Cheque No. (*If applicable)* | | | |  | | | | |
| Amount |  | | | | Date | |  | | | Receipt No. | | |  | | | |

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**PERMIT**

***Cemetery office use only***

*Town Council Offices, Drake Road, Tavistock, Devon PL19 0AU Tele: 01822 613529*

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Subject to the information submitted to the Cemetery Administrator of Tavistock Cemetery, permission to erect a memorial has been granted to:  Name(s):  Address(s): | | | | | | | |
| Grave No: |  | Deed No: |  | | Date of Intention to Fix: |  | |
| **Sketch/Photo of Proposed Memorial:** | | | | **Proposed Inscription:** | | |
| I/We the owner(s) of the **Exclusive Rights of Burial** give consent for the specified works to be carried out on the grave. I understand that Tavistock Town Council has no connection with any firm of monumental masons, employs no agents and accepts no responsibility for the quality and/or standard of work and/or materials used. I/We agree to keep the memorial in a good and safe condition  Name(s):  Address(s):  Telephone No:    Signature(s): Date: | | | | | | |
| I, the Monumental Mason, have read and understood Tavistock Town Council’s Rules and Regulations and agree to abide by them:  Name: Signature: Date: | | | | | | |

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| --- | --- | --- |
| Application has been approved and a permit and grant to erect a Memorial issued | | |
|  | Signature | Date |
| Application approved |  |  |
| Construction approved |  |  |
| Installation Checked |  |  |