



Northern Cemeteries

Always

Transaction Number: _____

APPLICATION FOR MONUMENTAL WORK

Application is hereby made for permission to carry out work at one of the Northern Cemeteries sites

Macquarie Park Field of Mars Frenchs Forest Sandgate Gore Hill

Grave Number _____ Section _____ Denomination _____

Name of Deceased _____

I/we confirm that I/we have the necessary authority from the owner of the burial right to carry out the work in this application. I/we further confirm that I/we have received, understand and agree to be bound by the Northern Cemeteries general rules and regulations and specifically those relating to the erection of monuments, vaults and any other masonry structures.

Name of Monumental Mason:

Address _____ Post Code _____

Telephone _____ Mobile _____ Fax/Email _____

Signature of Monumental Mason _____ Date _____

Do you intend to use a subcontractor? No Yes

If yes, must complete below

Name of sub-contractor _____

Address _____ Post Code _____

Telephone _____ Mobile _____ Fax/Email _____

Signature of sub-contractor _____

AUTHORITY TO BE SIGNED BY OWNER OF BURIAL RIGHT

I hereby give my permission for the erection of the work mentioned in this application and in consideration of the trustees permitting such work on the above grave. I, the undersigned DO HEREBY INDEMNIFY the trustees against all proceedings claims demands damages costs losses and expenses whatsoever which may be made on or instituted against or suffered by the said trustees in any manner whatsoever by reason of the said trustees having consented to the execution of such work.

Registered Holder Executor or Authorised representative

Name _____ Signature _____

Address _____ Post Code _____

Telephone _____ Mobile _____ Fax/Email _____

APPROVAL AND SITE INSPECTIONS

Before any work can commence this application must be approved by an authorised representative of Northern Cemeteries and a permit number is issued on an invoice via email. All work will be inspected during the building process and the trust reserves the right to stop the work at any time and have their engineer inspect the site.

Inspection times are Monday to Friday from 8am to 4pm

If this application is approved it is done so on the basis that at time of final inspection the work complies completely with the original plans and specifications and the rules and regulations of the Northern Cemeteries. If not the work must be rectified to so comply or be removed at the expense of the contractor within three days or such other time as the Northern Cemeteries determine in writing.

SPECIFICATIONS: *Must be completed below for application approval*

Material type: Base Kerbing Headstone
 Dimensions: X X mm X X mm X X mm

The following monument must satisfy the Trusts **Specifications for the Erection of Monuments**

1. Is monument (above ground level) under 1.5m including headstones and/or cross, canopy? YES / NO / NA
2. Is monument more than 1 grave in width? YES / NO / NA
3. ARE DETAILED DRAWINGS ATTACHED TO THIS APPLICATION: YES / NO / NA
4. Is monument (above ground level) in excess of 1.5m including headstones and/or cross, canopy? YES / NO / NA
5. Are signed engineering plans attached to this application? YES / NO / NA
6. What is the total height of the monument (above ground level) mm
7. Any monument above 1800mm is to be approved by management. Have you received approval? YES / NO / NA

Detail work requested (please tick) **Inscription**

	Single	Double	Multi	Fees Payable	
Headstone only					
Full monument					
Tiles, marble chips etc					
Slab					
Renovation					
Inscription					
Vault/crypt construction					
Vault/crypt inscription					
Other work					
TOTAL				\$	

OFFICE USE ONLY

Date _____ Checked By _____
 Compare proposed work with current price list / / _____
 Check grave details agree with register and NStream / / _____
 Process payment \$ _____ / / Receipt No. _____

Inspections Date / / **Inspector** _____

1. Prior to approval:
 - Application correctly completed Yes No
 - NStream – site re-checked (name, number etc) Yes No
2. Approval to commence works Yes No

Permit Number Yes No

Permit Number: _____

Date: _____ **Approved by** _____ **Valid for: 1 month and Vaults 6 months**

3. **Ongoing Inspections** Date Checked by No Inspections

Alignment _____ / / _____

Piers/footings _____ / / _____

Headstone _____ / / _____

4. **Final Inspection**
 - Is the monument in accordance with this application? Yes No
 - Does the monument comply with all regulations and appropriate Standards? Yes No
 - Has the application for monumental work form been scanned into NStream? Yes No
 - Has the GPS and photo been inputted into NStream? Yes No

Inspector's Name _____ **Inspector's Signature** _____ **Date** _____