Townsville Cemeteries



Form # 4 Monument Construction Permit Application

Form to be returned to: Email: townsville.cemeteries@townsville.qld.gov.au

Postal: Townsville City Council, PO Box 1268, Townsville QLD 4810

Phone: 07 4727 9754

Service Desk Location: Belgian Gardens Cemetery, 56 Evans Street, Belgian Gardens

This application applies to all works being carried out, including additional plaques and memorial upgrades.

Section 1: Monumental Mason / Person Conducting Works

Section 1. Monumental Mason / Ferson Conducting Works							
Business Name:							
Contact Person:							
Postal Address:							
Phone No:	Email Address:						
Section 2: Details for Monument Being Constructed							
Cemetery/Interment Location: Belgian Garde	ens Other Location (please specify):						
Grave/Site Details: Section/Subdivision:	Grave/Site No:						
Previously Interred Name/s (if known):							
Proposed Monument Works Being Undertaken (permit fe	ees apply):						
New Monument **	Replacement of Existing Monument ^^						
Additional Plaque/Inscription on Existing Monument ^^	Renovation/Restoration of Existing Monument ^^						
** Cemeteries Construction Permit Fee applies – See Council's Fees & Charge ^^ Cemeteries Alteration Permit Fee applies – See Council's Fees & Charges	25						

What is Being Constructed: (please tick one box) Ashes Sections

Reflection Beam – Plaque Columbarium Wall – Plaque

Lawn Sections (Including Baby Lawn)

Headstone and Base

Monumental Sections

Plaque/Headstone with Base

Headstone, with Kerb

Headstone, Kerb with Fibro (Floor)

Headstone, Kerb with Concrete Top (Floor)

Headstone, Kerb and Ledger

Headstone, with Full Concrete (Floor)

Vault (Single)

Vault (Double)

Other – please specify (plans must be provided):

Estimated Work Commencement (DD/MM/YYYY):

Estimated Footings Completion (DD/MM/YYYY):

Estimated Work Completion (DD/MM/YYYY):

(Contact cemetery office prior to the construction

of any piers)

Specifications Attached: Detailed plans and specifications drawn to scale with dimensions

Inscription (if known):A copy of the inscription

(including a translation in English in block letters if the inscription is in another language)

Terms - Monument Permit Consent:

I acknowledge that in submitting this form for approval I/we warrant that all works undertaken are to be carried out in accordance with the provisions of Australian Standard AS 4204 – 2019 as a minimum, and the Work Health and Safety Act 2011.

I understand I may be asked for proof of current licenses and insurances inclusive of appropriate third party public liability coverage.

I understand no works can proceed at the cemetery without an issued Monument Construction Permit from the Council.

Privacy Notice

Townsville City Council collects and manages personal information in the course of performing its activities, functions and duties. We respect the privacy of the personal information held by us. The way in which Council manages personal information is governed by the *Information Privacy Act 2009 (Qld)*. We are collecting your personal information in accordance with the *Local Government Act 2009* so that we can assess and process your application. Generally, we will not disclose your personal information outside of Council unless we are required to do so by law, or unless you have given us your consent to such disclosure. For further information about how we manage your personal information please see our <u>Information Privacy Policy</u>.

I acknowledge and accept the terms.

Monumental Mason/Person

Constructing the Monument Signature: Date (DD/MM/YYYY):

Section 3: Right of Burial Holder Consent for Works to Proceed

A) Are you the Right of Burial Certificate Holder for the grave/site?

Yes (Complete **below section**)
No (Continue to **Section 4**)

Confirmation of Right of Burial Holder Details:								
Right of Burial Holder 1 Title:	Given Name/s:		Surname:					
Postal Address:								
Suburb:		State:		Postcode:				
Mobile Number:	Work or	Home Phone Number:	Email Address:					
I consent to the work described in this application be may need to contact me directly to confirm details su memorial/place of interment in a safe and proper cor	ich as grave loca	ation or application details. I ackno	owledge that I have a resp	onsibility to maintain the				
Right of Burial Holder 1 Signature:	Date (DD/N	MM/YYYY):						
Right of Burial Holder 2 (if applicable)								
Title:	Given Nam	ne/s:	Surname:					
Postal Address:								
Suburb:		State:		Postcode:				
Mobile Number:	Work or	Home Phone Number:	Email Address:					
I consent to the work described in this application be may need to contact me directly to confirm details su memorial/place of interment in a safe and proper cor	ich as grave loca	ation or application details. I ackno	owledge that I have a resp	onsibility to maintain the				
Right of Burial Holder 2 Signature:	Date (DD/MM/YYYY):							

Note: only complete this section in the event the Rig	tht of Burial Certi	ificate Holder is not completing the j	form	
Section 4: Applicant Details Title:	Given Name/s:		Surname:	
Postal Address:				
Suburb:		State:		Postcode:
Mobile Number:	Work or	Home Phone Number:	Email Address:	
Advice Provided by Applicant Advice provided by the Applicant is relied upon by C Council does not accept any responsibility for allow executors and/or assigns.			the subject of a later dispute betwee	en family members,
A) Is the Right of Burial Certificate Holde Yes -> Right of Burial Holder to complete: -> Applicant for construction permit to cor No (Continue to Question B)	_	, ,	rmation of Right of Burial Holder de	tails
B) Is the Right of Burial Certificate Holde	er alive?			
Yes -> Consent must be granted by the Right o	f Burial Holder b	efore this application can proceed		
No (Continue to Question C)				
C) Is the Right of Burial Certificate Holde	er buried in t	he grave?		
Yes -> Applicant for the Right of Burial Holder -> Applicant to complete Section 4 and 4.1		orised to apply for the Construction	n Permit	
No -> A Statutory Declaration must be attach supporting documentation will be required including relationship to the Right of Burial F	for Council to a	ssess the application (Approval will		
4.1 Applicant Declaration I declare this to be a genuine request to author the family.	ise a monument	to be constructed in the deceased	d person's honour and I am acting w	ith the full consent of
I declare that the information in this application application.	is true and corr	ect. I understand Council may nee	d to contact me directly to confirm d	etails relating to this
If Option C above has been selected, I have con	npleted a Statuto	ory Declaration accompanying this	application.	
Applicant Signature:	Date (DD/	/MM/YYYY):		
Terms				

I declare that the information I have provided in this form is complete and correct. I understand that giving false or misleading information is a serious offence under section 234 of the Local Government Act 2009.

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