



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
Address: 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

BUSINESS NAME:

CONTACT PERSON:

POSTAL ADDRESS:

PHONE NO:

EMAIL ADDRESS:

SECTION 2: DETAILS FOR MONUMENT BEING CONSTRUCTED

CEMETERY/INTERMENT LOCATION: BELGIAN GARDENS OTHER LOCATION (PLEASE SPECIFY):

GRAVE/SITE DETAILS: SECTION/SUBDIVISION: GRAVE/SITE NO:

PREVIOUSLY INTERRED NAME/S (if known):

PROPOSED MONUMENT WORKS BEING UNDERTAKEN (PERMIT FEES 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 AND CHARGES
^^ CEMETERIES ALTERATION PERMIT FEE APPLIES – SEE COUNCIL'S FEES & CHARGES

WHAT IS BEING CONSTRUCTED: (PLEASE TICK ONE BOX)

ASHES SECTIONS REFLECTION BEAM – PLAQUE COLUMBARIUM WALL – PLAQUE	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):
LAWN SECTIONS (INCLUDING BABY LAWN) HEADSTONE AND BASE	

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 – 1994 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 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 [Information Privacy Policy](#).

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 being carried out and declare that the information in this application is true and correct. I understand the Council may need to contact me directly to confirm details such as grave location or application details. I acknowledge that I have a responsibility to maintain the memorial/place of interment in a safe and proper condition once completed and to keep the Council advised of any change in my contact details.

RIGHT OF BURIAL HOLDER 1 SIGNATURE: DATE (DD/MM/YYYY):

RIGHT OF BURIAL HOLDER 2 (IF APPLICABLE).

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 being carried out and declare that the information in this application is true and correct. I understand the Council may need to contact me directly to confirm details such as grave location or application details. I acknowledge that I have a responsibility to maintain the memorial/place of interment in a safe and proper condition once completed and to keep the Council advised of any change in my contact details.

RIGHT OF BURIAL HOLDER 2 SIGNATURE: DATE (DD/MM/YYYY):

****NOTE: ONLY COMPLETE THIS SECTION IN THE EVENT THE RIGHT OF BURIAL CERTIFICATE HOLDER IS NOT COMPLETING THE 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 Council in good faith.

Council does not accept any responsibility for allowing the construction of a monument that might be the subject of a later dispute between family members, Executors and/or assigns.

- A) Is the Right of Burial Certificate holder consenting to the proposed works outlined in this application?
Yes → **Right of Burial Holder** to complete: **Section 3.1 – Confirmation of Right of Burial Holder details**
→ **Applicant** for construction permit to complete: **Section 4.1 – Applicant Declaration**
No (Continue to Question B)
- B) Is the Right of Burial Certificate holder alive?
Yes → Consent must be granted by the Right of Burial holder before this application can proceed
No (Continue to Question C)
- C) Is the Right of Burial Certificate holder buried in the grave?
Yes → Applicant for the **Right of Burial Holder's** funeral is authorised to apply for the Construction Permit
→ **Applicant** to complete **Section 4 and 4.1** of this form
No → A Statutory Declaration must be attached to outline your relationship to the deceased, and reasons for the request. Where available, other supporting documentation will be required for Council to assess the application
(Approval will be at Council's discretion based on the information provided, including relationship to the Right of Burial holder, and the people buried within the grave)

4.1 Applicant Declaration:

I declare this to be a genuine request to authorise a monument to be constructed in the deceased person's honour and I am acting with the full consent of the family.

I declare that the information in this application is true and correct. I understand the Council may need to contact me directly to confirm details relating to this application.

If option C above has been selected, I have completed a Statutory 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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