

TOWNSVILLE CEMETERIES FORM # 4 MONUMENT CONSTRUCTION PERMIT



Form to be returned to: Email: communitydevelopment@townsville.qld.gov.au
 Postal: Townsville City Council, PO Box 1268, Townsville Qld 4810
 Phone: 1300 878 001

IF THE RIGHT OF BURIAL HOLDER IS NOT COMPLETING THIS FORM, THIS FORM MUST BE ACCOMPANIED BY A MONUMENTAL AUTHORITY REQUEST FORM

Builder or Monumentalist Details:			
Business Name:			
Contact Person:			
Phone Number:		Email Address:	

Acting as the agent on behalf of and with authority of the Right of Burial holder/Applicant, apply for approval for the construction of:

- Plaque with base on Lawn area
 Headstone, kerb and ledger/or concrete top
 Other (please specify) (Please provide copies of any plans)

Plot Details:				
Section:		Subdivision:		Plot No:
Name/s of deceased:				

TERMS – MONUMENT PERMIT CONSENT

I agree that such works are to be carried out in accordance with the provisions of the Australian Standard AS 4204-1994 as a minimum and the Occupational Health and Safety Act 2004. I understand I may be asked for proof of current licences, third party and indemnity insurance.

I acknowledge and accept the terms:

Signature:

Date:

Right of Burial / Applicant Details:			
Given Names:		Surname:	
Postal Address:			
	Suburb:	State:	Postcode:
Phone Number:		Email Address:	

- Is the applicant the **current** Right of Burial holder? Yes No (If no, Written Consent to be attached)
 If no, is the applicant the applicant named on the original Interment Consent Form? Yes No
 If no, A Monument Authority Request form must accompany this application. Please confirm form is attached (if applicable)

DECLARATION BY RIGHT OF BURIAL HOLDER/APPLICANT

This approval is provided for the purpose of construction of a monument. Advice given by Applicants is relied upon by Council in good faith. Council does not accept any responsibility for allowing any monument works to be constructed on a plot that might be the subject of a later dispute between family members, Executors and/or assigns.

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 Townsville Cemeteries may need to contact me directly to confirm details such as grave location or application details, and I acknowledge that I have a responsibility to maintain the memorial/place of interment in a safe and proper condition once completed.

Signature:

Date:

TCC OFFICE USE ONLY					
Application Approved:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date:		Processed by ID:	
Monumental Permit Application ID	CEMBG/		Permit ECM #		
Records to be updated:	Monthly Burials updated:	W/E	Mud Map Updated:	Scanned ECM ID:	

Privacy Notice: In using this form you are providing personal information such as name and contact details. This information will be used only for the purpose of delivering services and carrying out Council business and will only be accessed by persons who have been authorised to do so. Your personal information is handled in accordance with the *Information Privacy Act 2009*.