



To: Waimakariri District Council
Private Bag 1005
RANGIORA 7440

Phone: 03 313 6136
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APPLICATION FOR MEMORIAL PERMIT

(Permit application to be made for all headstone installations, additions and repairs)

Name of Monumental Mason: _____

Person Applying for Permit: _____

Address: _____

Phone No: _____ Fax No: _____

Name of Deceased: _____

Date of Death: _____ Age: _____

Cemetery: _____

Area _____ Block _____ Row _____ Plot _____

PLEASE CHECK WITH CUSTOMER SERVICES FOR THE CORRECT HEADSTONE AREA

MONUMENT DETAILS

Base Height _____ Width _____ Depth _____

Headstone Height _____ Width _____ Depth _____

Material: _____

Sketch of Monument / Details of Work to be Undertaken

The Monument is to be installed by (please tick):

Approved Monumental Mason

Council's Contractor

ALL MONUMENT WORK MUST BE INSTALLED BY AN APPROVED MONUMENTAL MASON OR THE COUNCIL'S CONTRACTOR

FOR OFFICE USE ONLY

Permit No: _____

Signed: _____

Receipt No: _____

Date: _____