

CEMETERIES – PERMIT REQUEST FORM

To be submitted by the Stonemason to Sefton Council Burials & Cremations office at least 3 days in advance of the proposed works of the memorial.

No work should commence until permission is granted.

Stonemason (please include name & address):

.....Contact number:.....

Email address:

PLEASE TICK:

ERECT NEW MEMORIAL REPLACEMENT MEMORIAL SUBSEQUENT INSCRIPTION CLEAN AND/OR REFIX
(NO PERMIT FEE)

CEMETERY: SECTION: GRAVE NUMBER:.....

Name of deceased(s):

New/Replacement memorial:

Material to be used Type of Ground Anchor

Height of memorial (max 3'6"–including **ALL** bases)

Width (max 3') Depth of base (max 1'4")

Thickness (max 6")

Foundation Type (minimum of 3" wider overall than memorial, max width 4')

NB: The Company name, Grave and Section number must be inscribed on the back or side of the memorial.

Please ensure a drawing of the memorial is attached to this form.

New/Replacement Memorial or Additional Inscription:

Copy of inscription:

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The Council respectfully informs the applicant that memorials remain the responsibility of the grave owner and the Council will not be held responsible for any damage caused by storm, weather, vandalism or theft. Owners are encouraged to take out individual insurance cover for memorials.

The Council does not accept any liability for the execution or arising out of the execution of the work involved in this application.

Name of grave owner: Signature of owner:

Address:

..... Date:.....

Contact number: Email address:

OFFICE USE ONLY:

Date received: Permit No: Approved by: