



Claresholm

Where **Community** Takes Root

**APPLICATION FOR PERMIT
NEW MONUMENT INSTALLATION
CHANGE TO EXISTING MONUMENT**

Ph: 403-625-3381

Fax: 403-625-3869

TOWN OF CLARESHOLM

111 - 55 AVE W

P.O. Box 1000

CLARESHOLM, AB T0L 0T0

DATE: _____

| | | | |
|----------------------------------|-------|--|-------|
| LOCATION | | TYPE OF SERVICE: | |
| <i>Block:</i> | _____ | <i>New Installation (specify: Single / Double)</i> | _____ |
| <i>Lot:</i> | _____ | <i>New Installation on Columbarium</i> | _____ |
| <i>Plot:</i> | _____ | <i>Permanent Removal</i> | _____ |
| <i># of graves to be marked:</i> | _____ | <i>Removal for Alteration / Repair</i> | _____ |
| | | <i>On Site Alteration / Repair</i> | _____ |

Name of Deceased: _____ Date of Death: _____

Name of Interment Rights Holders: _____

| MONUMENT TYPE | SIZE (inches) | LENGTH | WIDTH | HEIGHT |
|----------------|---------------|--------|-------|--------|
| <i>Flat</i> | _____ | _____ | _____ | _____ |
| <i>Pillow</i> | _____ | _____ | _____ | _____ |
| <i>Upright</i> | _____ | _____ | _____ | _____ |

*The owner of this monument assumes responsibility to maintain the monument, or gives the Town of Claresholm the right to remove the monument should it fall into a state of disrepair.
I am aware of my responsibility as the owner of the monument.*

Signature

MONUMENT PURCHASER:

| | |
|--|-----------------------|
| Purchaser Name: _____ | Home Phone: _____ |
| Address: _____ | Business Phone: _____ |
| _____ | Date: _____ |
| <i>Signature of Purchaser: (or Monument Mason)</i> | Date Work Done: _____ |

| | |
|---------------------------------|-----------------------|
| Monument Company Name: _____ | Contact #: _____ |
| Monument Company Address: _____ | Installer: _____ |
| _____ | Date Installed: _____ |
| _____ | Inspected: _____ |

Director of Infrastructure Services:

Grave will be marked within 5 working days from receipt of this completed application permit.
(Return application to this office by fax, email or during office hours in person.)

| | |
|------------------|----------------------|
| Marked By: _____ | Date Returned: _____ |
|------------------|----------------------|