

Monumental/ Restoration Work Form

Application type

Erection of monumental work - \$240

Replacement of plaque and surround - \$610.50

Restoration of monumental work - \$240

Additional inscription to headstone - \$125

Application details (interment right holder/s applying for works to be undertaken)

Name:

Address:

Phone:

Applicant signature:

Date:

Is the applicant the interment right holder?

Yes

No

If No, acting in what capacity:

Licensed contractors details (holds licence with Maitland City Council)

Company name:

Council permit licence number:

Consultant name:

Address:

Phone number/s:

Email:

Signature of consultant (contractor):

Date:

Details about deceased (phone 02 4934 9700 for location)

Deceased name:

Cemetery:

Section:

Denomination:

Plot:

Next of kin (any next of kin or other persons nominated by the holder/s as secondary contact)

Name:

Address:

Phone:

Relationship:

Signature:

Conditions: Only the holder of the Interment Right or their authorised person can make an application for the placement or restoration of monumental work on a plot in Maitland City Council Cemeteries. If an authorised person, proof of authority to act on behalf of the Holder must accompany this application. Monumental works must only be carried out by persons holding a permit to work in Maitland City Council Cemeteries.

Privacy and personal information protection notice

The collection of this information is a Statutory requirement under the *Cemeteries & Crematoria Act 2013 & Public Health Regulation 2012*. This document will form part of a public record that Council may use and or make available in accordance with the *Privacy and Personal Information Protection Act 1998 and the Government Information (Public Access) Act 2009*. A consequence of non-provision may result in burial plot not being allocated. Council will take all reasonable steps to protect the personal information it holds from misuse, unauthorised access and modification. Council will retain your personal information for a period that is an accordance with the *State Records General Authority 39*.

Signatures

I the undersigned, agree to the conditions under which a permit may be issued to carry out the proposed work. Further, I hereby indemnify and hold safe and harmless Council against any action, proceeding, claim, damage, loss and expenses whatsoever that may result from Council's consent to the execution of the work proposed in this application

I declare the information I have supplied in this application is true and correct and I have legal authority to make this application.

Signed:

Date:

Name of registered holder 1:

Signed:

Date:

Name of registered holder 2:

Return the form to:

Maitland City Council

PO Box 220, Maitland NSW 2320

OR cemeteries@maitland.nsw.gov.au

Details of proposed works

Description of proposed works: (please attach a drawing detailing the work)

Materials to be used:

All monumental works must be carried out in accordance with the following documentation:

- Australian Standards AS 4204-2019 for Monuments and Headstones in Cemeteries
- Maitland City Council Cemetery Policy
- Maitland City Council Permit to Work in Council Cemeteries
- Maitland City Council Cemeteries Monument & Memento Policy

On completion of works the installer **must** provide photographic evidence of the works to Council citing the plot location.

Prior to commencement of any monumental works in a Maitland City Council Cemetery, the service provider must give Council a minimum 24 hours notice.

Council does not insure the interment site/ headstone/ or monumental work.

Attachment A

Please provide a drawing of the proposed work to be carried out in the cemetery, including all relevant specifications and dimensions (such as **monument foundations and piers**). Kindly attach to this submission the approved AS 4204-2019 standards sketch or CAD drawing used by your organisation.

Final inscription, photo tile & layout proof for monumental headstone. Kindly attach to this submission, the final inscription, photo tile & layout proof (approved by the interment right holder) used by your organisation.

OFFICE USE ONLY (payment code: 30402 BCI)

Amount Paid:

Date:

Receipt No: