



CEMETERY WORK PERMIT APPLICATION

APPLICATION # _____		FEE \$ _____
CEMETERY NAME AND LOCATION _____		MUST ACCOMPANY APPLICATION
PLOT _____ ROW _____ SECTION _____		
NAME OF PLOT OWNER _____	DETAILED DRAWING OF WORK TO BE DONE – PLEASE INCLUDE MEASUREMENTS	
NAME OF DECEASED <input type="checkbox"/> SAME AS OWNER _____		
NAME OF APPLICANT <input type="checkbox"/> SAME AS OWNER _____		
MAILING ADDRESS OF APPLICANT _____ _____		
DATE _____		
SIGNATURE OF APPLICANT _____		
DATE APPROVED: _____ _____ NAME OF MUNICIPAL REPRESENTATIVE _____ SIGNATURE OF MUNICIPAL REPRESENTATIVE		

NOTE: IF FURTHER INFORMATION IS REQUIRED, PLEASE CALL THE MUNICIPAL OFFICE AT 403-562-8833.