



# Tavistock Cemetery

Tavistock Town Council -Working for the local community

Town Council Offices  
Drake Road  
Tavistock  
Devon, PL19 0AU  
Tel: 01822 613529

## APPLICATION FOR PERMIT TO UNDERTAKE MONUMENTAL WORK

Name and Address of Monumental Mason:					
Name of Deceased:		Name of Last Interment:		Grave No.	Deed No.
Describe work to be undertaken (sketch/photo on reverse) e.g. new memorial, add inscription, repair etc.:					
Describe in full proposed memorial, including fixing method/foundation:					
Height of Plate		Width of Plate		Size of Kerbs	
Height of Base		Width of Base		Size of Posts	
Length of Foundation		Width of Foundation		Thickness of Foundation	
Date of intention to fix memorial					
<p>Every memorial mason shall guarantee each individual memorial in respect of safety and stability for a period of no less than 5 years and no more than 30 years. The right to erect a memorial is subject to a 5 yearly inspection by the Cemetery Administrator. This right may be extended after the 30 year period subject to the memorial being inspected and found to be safe.</p> <p>Prior to any work commencing the cemetery office must receive the permit confirming the installation date. All memorials must have the Grave Number and Memorial Firm inscribed on the base.</p>					
Payment Method			Cheque No. <i>(If applicable)</i>		
Amount		Date		Receipt No.	

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### PERMIT

*Cemetery office use only*

*Town Council Offices, Drake Road, Tavistock, Devon PL19 0AU Tele: 01822 613529*

Subject to the information submitted to the Cemetery Administrator of Tavistock Cemetery, permission to erect a memorial has been granted to:

Name(s): \_\_\_\_\_

Address(s): \_\_\_\_\_

Grave No:		Deed No:		Date of Intention to Fix:	
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**Sketch/Photo of Proposed Memorial:**

**Proposed Inscription:**

I/We the owner(s) of the **Exclusive Rights of Burial** give consent for the specified works to be carried out on the grave. I understand that Tavistock Town Council has no connection with any firm of monumental masons, employs no agents and accepts no responsibility for the quality and/or standard of work and/or materials used. I/We agree to keep the memorial in a good and safe condition

Name(s): \_\_\_\_\_

Address(s): \_\_\_\_\_

\_\_\_\_\_ Telephone No: \_\_\_\_\_

Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_

I, the Monumental Mason, have read and understood Tavistock Town Council's Rules and Regulations and agree to abide by them:

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*\*

**PERMIT**

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Application has been approved and a permit and grant to erect a Memorial issued

	Signature	Date
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Application approved		
Construction approved		
Installation Checked		