APPLICATION FOR PERMIT

MONUMENT INSTALLATION OR CHANGE OF EXISTING MONUMENT

Ph: 403-625-3381 Fax: 403-625-3869



TOWN OF CLARESHOLM 221 - 45 Avenue W P.O. Box 1000 CLARESHOLM, AB TOL 0T0

DATE:				
LOCATION Block: Lot: Plot: Number of Graves:	New Installation on Co Permanent Removal Removal for Alteration	New Installation (specify: Single / Double) New Installation on Columbarium		
Name of Deceased:	- M M M M M M M M.	Date of Death:		
Name of Interment Rights Holder	rs:			
MONUMENT TYPE	SIZE (inches)	LENGTH	WIDTH	HEIGHT
Flat Pillow Upright (old section only) The Cemetery Bylaw requires the assumes responsibility to maint the monument should it fall into	tain the monument, or gives	the Town of C	laresholm the	e right to remove
above monument.				
	MONUMENT PUR	CHASER		
Purchaser Name:		Home Phone:		
Address:		Business Phone:		
Signature of Purchaser: (or Monument Mason)		Date: Date Work Done:		
Monument Company Name:				
Monument Company Address:		-		
		- -		
Mike Schuweiler, Town Superint Grave will be marked within 5 we (Return to this office by fax, mai	orking days from receipt of t		application p	ermit.
			Date Return	ed:

Claresholm Cemetery Bylaw #1545

"Memorial Tablets or Pillow Monument" shall mean a rectangular, flat or near flat section of marble, granite, bronze or other material used for memorial purposes not exceeding six (6) inches in height.

Monument (memorial tablet) maximum size

Foundation maximum size

single plot: double plot: 24" X 18"

(length X width/depth)

48" X 18"

single plot: double plot:

36" X 24" 60" X 24"

X 18"

(length X width/depth)

Foundation must be flush with ground for landscaping maintenance and project no less than six (6) inches beyond base of memorial tablet length. (concrete not less than 2,500 PSI)





