Cawood Parish Council

**Masonry Permit Application Form**

| SECTION 1: DETAILS OF GRAVE |
| --- |
| Grave Number |  | Name(s) of Deceased |  |
| SECTION 2: DETAILS OF PROPOSED MEMORIAL |
| MEMORIAL PERMIT TYPE (Tick as appropriate) |
| Headstone |  | Additional Inscription |  | Replacement |  |
| Other -Please Specify: |
| MEMORIAL DETAILS - |
| MEMORIAL DRAWING | PROPOSED INSCRIPTION |
|  |  |
| Material: must be good quality stone with underground fixing) (Please refer to Cemetery Rule 4.4)  |  | Font: |  |
| Colour: |  | Font Colour: |  |
| MEMORIAL DIMENSIONS  |
| ALL MEMORIALS MUST BE FIXED IN ACCORDANCE WITH BS8415-2018 |
|  | Height | Width | Depth (plinth) | Thickness (headstone) |
| Headstone & Plinth (please refer to Cemetery Rule 4.4) | Maximum 3 feet | Maximum: 3 feet. | Maximum: 12 inches | Maximum: 4 inches |
|  |  |  |  |
| SECTION 3: DETAILS OF MEMORIAL MASON |
| Name of Memorial Mason |  |
| Address  |  |
| Telephone |  | Email |  |
| Public liability expiry date: |  |
| Member of National Association of Memorial Masons: Yes/ No | Registration Number | Expiry Date |
|  |  |
| British Register of Associated Memorial Masons: Yes/No | Registration Number | Expiry Date |
|  |  |
| Mason Signature: |  |
| SECTION 4: DETAILS OF APPLICANT |
| Full Name of Applicant: |  |
| Full Address including Postcode |  |
| Telephone |  |
| Email |  |
| DECLARATION BY APPLICANT (Tick as appropriate) |
| I am the registered owner of the Exclusive Rights of Burial as recorded on the Deed of Grant and hereby apply for a memorial permit to be issued subject to the regulations of Cawood Parish Council. |  |
| I understand that I am responsible for the maintenance of the memorial and that Cawood Parish Council may take any action they deem necessary should the memorial become unsafe or dilapidated. |  |
| I understand that no other memorial, ornament, or inscription may be added to this memorial, or to the grave area, without the prior approval of Carlton Parish Council. Cawood Parish Council may take any action they deem necessary to remove unauthorised additions.  |  |
| Signature  | Date |
|  |  |
| SECTION 5: APPROVAL |
| FOR OFFICIAL USE ONLY |
| Permit fee: | £ | Receipt/invoice |  |
| Name |  | Date |  |
| Signature |  |
| DECLINED APPLICATIONS |
| This application has been declined for the following reason(s) |
|  |
| Name |  | Date |  |
| Signature |  |

 Susie Gowlett, Clerk and Responsible Financial Officer

07541 434569 (phone), email cawood.pclerk@gmail.com