

APPLICATION FOR THE INSTALLATION OF A NEW MONUMENT IN A HERITAGE CEMETERY

Cemeteries Administrator
 P O Box 73014, Christchurch
 Phone: 941 8646 Fax 941 8877 Email: cemeteries@ccc.govt.nz



Name: _____

Address: _____

Post Code: _____ Daytime Phone: _____

Evening Phone: _____ Cell Phone: _____

Email Address: _____

NEW MONUMENT DETAILS (attach mock ups or additional information where required)

Cemetery	_____
Plot number	_____

The following wording is requested for the new monument:

Information sources:	_____
New monument Size:	_____
New monument Material:	_____
New monument Supplier:	_____
Installation details: (plinth)	_____
Proposed installation date:	_____
Photo of Plot and location of plaque	_____

CHRISTCHURCH CITY COUNCIL – OFFICE USE ONLY

Application received by: _____

Date Application received: _____

Application approved by: _____

Permit number: _____

Applicant details verified	
New monument site verified and approved	
New monument funding has been agreed and approved	
Does the proposed new monument meet the requirements of the Technical Specification?	
Does the proposed wording for the new monument meet the criteria defined within the Technical Specification?	