



CEMETERY MONUMENT INSTALLATION PERMIT

CEMETERY NAME: _____

SECTION # _____ BLOCK # _____ GRAVE(S) NUMBER _____

CEMETERY LOT OWNER: _____

NAME OF PERSON AND ADDRESS COMMISSIONING THE MONUMENT INSTALLATION:

PHONE NUMBER: _____

NAME OF COMPANY INSTALLING MONUMENT: _____

ADDRESS: _____

PHONE NUMBER: _____

NAME OF COMPANY INSTALLING FOOTING (IF DIFFERENT): _____

PHONE NUMBER: _____

NOTE: CONTRACTOR IS REQUIRED TO ATTACH TO THIS PERMIT A DRAWING OF THE PROPOSED MONUMENT, INCLUDING THE SIZE, SHAPE AND MATERIAL OF MARKER. A PERMIT WILL NOT BE ACCEPTED OR LAYED OUT WITHOUT THIS INFORMATION.

IN ACCORDANCE WITH CITY OF CEDARBURG CODE OF ORDINANCES AND APPROPRIATE POLICIES, ALL MONUMENT LOCATIONS MUST BE LAYED OUT AND FOOTINGS INSPECTED BY CITY OF CEDARBURG STAFF.

DATE COMPLETED APPLICATION TURNED INTO THE CITY OF CEDARBURG: _____

DATE FEE PAID TO THE CITY OF CEDARBURG: _____

DATE LOCATE CALLED INTO THE CITY OF CEDARBURG: _____

(Call 262-375-7609 to request a location marked out – City requests a minimum of 24 hours notice for marking)