

# Application for Monumental Work in Council Cemeteries



If you wish to email this form to us please scan to PDF and send to [cemeteries@codc.govt.nz](mailto:cemeteries@codc.govt.nz).

**No work can be undertaken until Council has approved the work and advised the applicant the work may commence.**

In accordance with New Zealand Standard Headstone and Cemetery Monuments: NZS 4242:1995.

Note: At Council's discretion a suitably qualified tradesperson may be granted permission to undertake the work, however all contractors working on Council property must be registered with Site Wise and have the required Health and Safety practices.

Permission to carry out monumental work in the following Cemetery: Please tick

- |                                    |                                     |                                   |  |
|------------------------------------|-------------------------------------|-----------------------------------|--|
| <input type="checkbox"/> Cromwell  | <input type="checkbox"/> Naseby     | <input type="checkbox"/> Ranfurly | <input type="checkbox"/> Clyde           |
| <input type="checkbox"/> Alexandra | <input type="checkbox"/> St Bathans | <input type="checkbox"/> Nevis    | <input type="checkbox"/> Blacks (Omakau) |

The following Cemeteries have a **closed** status so permissible work is limited in these cemeteries

- |                                      |                                    |   |
|--------------------------------------|------------------------------------|---|
| <input type="checkbox"/> Manuherikia | <input type="checkbox"/> Hamiltons | <input type="checkbox"/> Litany St (Cromwell) |
|--------------------------------------|------------------------------------|---|

Name of plot owner or legal representative: \_\_\_\_\_

Contact details: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone number: \_\_\_\_\_

Name of person/s in the plot: \_\_\_\_\_

Description of plot location eg plot, block, row, section: \_\_\_\_\_

Date of interment: \_\_\_\_\_ Date of death: \_\_\_\_\_

Description of work: Please tick

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Erect footing  | <input type="checkbox"/> Erect headstone                       | <input type="checkbox"/> Install ash plinth              |
| <input type="checkbox"/> Install ash plaque                                   | <input type="checkbox"/> Install plaque on footing             | <input type="checkbox"/> Remove ash plaque and reinstate |
| <input type="checkbox"/> Remove headstone for new inscription, then reinstate | <input type="checkbox"/> Restoration/repair damaged headstones | Install plaque on memorial structure                     |

Description of work: \_\_\_\_\_

Date work to be completed by: \_\_\_\_\_

I declare that all monumental masonry work carried out by the undersigned is done so in accordance with NZS 4242: 1995 New Zealand Standard for Headstones and Cemetery Monuments, in accordance with the Central Otago District Council Operational Guide/Manual/Policy/info sheet and Best Practice in Cemetery Conservation as set by Historic Cemeteries Conservation Trust of New Zealand.

**Authority to be signed by the owner or Legal representative:** \_\_\_\_\_

I give my permission for the erection of the work identified above, and in consideration of Council permitting the execution of such work on the above plot, I the undersigned INDEMNIFY and hold safe and harmless the Council against all actions, proceedings, claims, demands, costs, losses and expenses whatsoever which may be made on or instituted against or suffered by the Council in any manner whatsoever by reason of the Council having consented to the execution of such work.

Name of Monumental Mason/Installer: \_\_\_\_\_

Signature of Monumental Mason/Installer: \_\_\_\_\_

Signature of Owner/Legal representative: \_\_\_\_\_

**For Office Use Only**

<b>Authority to Undertake Monumental Work in a Council Cemetery</b>	
NCS Cemetery Record No.: _____	File No.: _____
Date: _____	
Application authorised by: _____	_____
Signature	Title
Plot owner or legal representative advised work may commence: <input type="checkbox"/> Yes    Date: _____	

<b>Inspection of Monumental Works</b>	
Date monumental work inspected: _____	Compliant <input type="checkbox"/> Yes <input type="checkbox"/> No
Remedial action required: _____	
Plot owner or legal representative advised of remedial work required. Date: _____	
Re-inspection of remedial action carried out to my satisfaction. Date: _____	
Name: _____	Signature    Title

<b>Cemetery Records Updated</b>	
Photographic record taken and uploaded	<input type="checkbox"/> Yes
NCS Cemetery Record updated as required.	<input type="checkbox"/> Yes