

Application for Monumental Work in Council Cemeteries



Email completed form to cemeteries@codc.govt.nz

No work can be undertaken until Council has approved the work and advised the applicant the work may commence. Note there is a fee to lodge an application for monumental work.

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) |
| <input type="checkbox"/> Trust Cemetery Name: _____ | | | |

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
reinstale |
| <input type="checkbox"/> Remove headstone for new
inscription, then reinstale | <input type="checkbox"/> Restoration/repair damaged
headstones | |

A photo of the headstone/plaque that is going to be placed at cemetery is included with this application for approval.

Description of work: _____

Date work to be completed by: _____

When monument or plaque is in place please provide a landscape photograph to cemeteries@codc.govt.nz to attach to the cemetery record.

I declare that all monumental masonry work carried out by the undersigned is done so in accordance with NZS 4242:2018 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

Authority to Undertake Monumental Work in a Council Cemetery	
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: _____

Inspection of Monumental Works		
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

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

Debtor Number: _____ Invoice Number: _____