

CLARION EVERGREEN CEMETERY

MONUMENT INSTALLATION PERMIT

DATE ON INSTALLATION ANTICIPATED: _____

CEMETERY SECTION NAME: _____

SECTION NUMBER: _____ GRAVE SPACE LETTER: _____

DECEASED NAME: _____

CEMETERY LOT OWNER: _____

NAME OF COMPANY INSTALLING MONUMENT: _____

CONTACT PERSON: _____

ADDRESS OF COMPANY: _____

PHONE NUMBER: _____

FAX 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. A MINIMUM 18 INCH FOOTINGS ARE REQUIRED. SINGLE GRAVE MONUMENTS ARE RESTRICTED TO THE FOLLOWING DEMENSIONS, HEIGHT; 36", WIDTH; 14" LENGTH; 30". DOUBLE GRAVE MONUMENT DEMENSTIONS; HEIGHT 36"; WIDTH; 14" LENGTH; 48". INSPECTIONS BY CITY STAFF ARE REQUIRED FOR FOOTING DEPTH

IN ACCORDANCE WITH CITY OF CLARION'S CODE OF ORDINANCES AND APPROPRIATE POLICIES, ALL MONUMENT LOCATIONS MUST BE LAYED OUT AND FOOTINGS **INSPECTED AND APPROVED** BY CITY OF CLARION STAFF BEFORE POURING OF CONCRETE.

DATE APPLICATION TURNED INTO CITY OF CLARION: _____

DATE LOCATE CALLED INTO THE CITY OF CLARION: _____

(CALL 515-532-2847 TO REQUEST A LOCATE MARKED OUT - CITY REQUEST MINIMUM OF 24 HOURS NOTICE FOR MARKING)

DATE AND STAFF SIGNATURE OF LOCATE: _____

DATE OF COMPLETION OF SETTING: _____

CITY OF CLARION, PO BOX 266, 121 1ST STREET SW CLARION, IA 50525 515.532.2847 FAX 515.532.2171

CLARION EVERGREEN CEMETERY

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