



Cowra Shire Council
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Application for Permit to erect a Monument, Tomb, Tablet, Gravestone, Kerbing, Fence or other structure

Cemetery: _____

Portion: _____ Row & Lot Number (if applicable): _____

Name of Deceased: _____

Date of Burial: _____

Particulars of proposed work

Type of Structure: _____

Description of Proposed Work:

(Plan showing dimensions of proposed work to be drawn on back of form).

Full particulars of proposed inscription including all works, figures, images, emblems, symbols, or other decorations:

Name of Monumental Mason: _____

Address: _____

Phone: _____ Email: _____

Name of Person Ordering Work: _____

Address: _____

Phone: _____ Email: _____

Relationship to Deceased: _____

Date: _____

Signature _____

Office Use:
Received Date:
Time:
Registration Date:
Document No
Officer Initial:
Disposal:..... years

For office use only

Fee paid: _____ Receipt No. _____ Date: _____

Date work completed: _____

Inspected by: _____ Date: _____

**Application approved as submitted/subject to conditions:

Date: _____

General Manager

NOTE:

*Amount of fees payable must be lodged with application.

*Monumental Mason/Contractor must provide evidence of current public liability insurance with application.