



CITY OF WETASKIWIN
MONUMENT PERMIT

Fax: 780-352-5021

NAME OF MONUMENT COMPANY/INDIVIDUAL: _____

ADDRESS/PHONE: _____

NAME OF PURCHASER: _____

NAME OF DECEASED: _____

LOCATION OF MONUMENT: NEW CEMETERY: _____ OLD CEMETERY: _____

SUB: _____ BLK: _____ LOT: _____

EXPECTED DATE OF INSTALLATION: _____

NEW MONUMENT: _____ (\$75.00 + GST) WORK ONLY: _____ (\$50.00 + GST)

DETAILS OF MONUMENT: GRANITE: _____ BRONZE: _____ CONCRETE: _____

UPRIGHT: _____ PILLOW: _____ OTHER: _____

PROVIDE COPY OF PROOF OF MONUMENT AND/OR INSCRIPTION

HIGHLIGHTING: _____ INSCRIPTION: _____

REPLACEMENT: _____ OTHER: _____

MONUMENT TO BE REMOVED FOR WORK: YES: _____ NO: _____

SIZE OF MONUMENT: MUST ADHERE TO CITY BY-LAW NO. 1880-17

BASE: LENGTH _____ (inches) WIDTH _____ (inches) HEIGHT _____ (inches)

PILLOW: LENGTH _____ (inches) WIDTH _____ (inches) HEIGHT _____ sloping to _____ (inches)

VASE: LENGTH _____ (inches) WIDTH _____ (inches) HEIGHT _____ (inches)

THIS APPLICATION IS SUBMITTED FOR THE APPROVAL AND INSTALLATION OF A MONUMENT, ACCORDING TO THE INFORMATION GIVEN ABOVE AND THE CONDITIONS ATTACHED HERETO.

NO ADVERTISING ON MONUMENTS

SIGNATURE OF APPLICANT

DATE

ALL CONCRETE MONUMENTS MUST BE APPROVED BY THE PARKS DEPARTMENT BEFORE THE MONUMENT PERMIT WILL BE GRANTED:

AUTHORIZED SIGNATURE

DATE

OFFICE USE ONLY

DATE PAID: _____ RECEIPT #: _____ AMOUNT: _____ REC'D BY: _____ (employee's initials)

COMMENTS: _____