APPLICATION FOR MONUMENT INSTALLATION
CITY OF BUSSELTON CEMETERIES

All correspondence to:
The Chief Executive Officer, Locked Bag 1, Busselton WA 6280
P: (08) 9781 0444 E: city@busselton.wa.gov.au W: www.busselton.wa.gov.au

APPLICANT/MONUMENTAL MASON DETAILS		
Company Name:		
Contact Name:		
Address:		
Suburb:	State:	Postcode:
Telephone:	Email:	
Is the work being undertaken by a monumental mason?	❑ Yes	❑ No

All monumental works must be approved by the City, prior to works commencing. Allow 21 working days for applications to be processed.

All major monumental works shall be carried out by an appropriately trained monumental mason. Consideration will be given to applications made by non-masons if the work is minor.

DECEASED DETAILS:		
Surname:		
Given Names:		
Date of Death:		
CLIENT DETAILS: (Must be holder of Grant of Right of Burial)		
Name:		
Address:		
Suburb:	State:	Postcode:
Email:		
Signature:		

MONUMENT DETAILS

Cemetery:			
❑ Busselton	❑ Memorial Drive	❑ Catholic	Section: A B C D
❑ Dunsborough	❑ Burial Plot	❑ Anglican	Lot No: _____
	❑ Other	❑ OPD	
		❑ Lawn	
		❑ Muslim	

❑ New Monument	❑ Only adding another name to existing monument In Lawn Section (No fee applicable)

❑ Existing Monument – Reinstating monument and foundations after refurbishment or reopen.

❑ Existing Monument – minor repairs to a grave where the Grant of Right of Burial has expired.
A completed Application for Minor Repairs to a Grave with an Expired Grant of Right of Burial must Accompany this form.

Estimated Start Date:	
Estimated Cost of Works:	
Fee Enclosed (refer to the City's Current Schedule of Fees):	❑ Annual Licence Holder ❑ Single Permit Only

I hereby certify that the monument will be constructed/repaired in accordance with Australian Standards AS 4204-2019 and in accordance with the City of Busselton's Local Laws.

_____ _____

Monumental Mason/Applicant Signature Date

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DETAILS OF PROPOSED WORKS (Required for Approval)
All applications must include: Plans, specifications, dimensions and type of materials to be used.

Office Use Only:

Application No: Plans Approved: ❑ Yes ❑ No Approving Officer: Receipt No:	Date Inspected: Inspecting Officer: ❑ Compliant ❑ Non-Compliant

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