

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

☐ Dunsborough

☐ Memorial Drive

☐ Burial Plot

☐ Other

☐ Catholic

☐ Anglican

☐ OPD

☐ Lawn

☐ Muslim

Section: A B C D

Lot No: _____

☐ New Monument

☐ Only adding another name to existing monument
(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: ☐ \$168 (Holder of Annual Licence) ☐ \$196.60 (Single Permit Only)

I hereby certify that the monument will be constructed/repared in accordance with Australian Standards
AS 4204-1994 and in accordance with the City of Busselton's Local Laws.

Monumental Mason/Applicant Signature

Date

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