DAILY WORK PERMIT

COMPLETED BY: Memorial Service Contractor **Date:**_____

I, _____ (Memorial Service Contractor) hereby apply for a Daily Work Permit to perform the following work:

_____ Install Memorial Marker
_____ Install Upright Monument
_____ Construct Memorial Marker Foundation
_____ Construct Upright Monument Foundation
_____ Sand Blast ▫ Monument ▫ Marker ▫ Crypt Front
_____ Other _____

Work to be performed on _____ (date) at the Interment Site of:

Name on Memorial: _____
Date of Death: _____
Garden Location: _____

in accordance with the Cemetery's Rules and Regulations and under the authority granted by the Working Certificate No._____.

COMPLETED BY: Lot Owner or Agent **Date:**_____

I, _____ (Lot owner or Agent) hereby authorize Memorial Service Contractor to perform the above-described work. I hereby agree to indemnify and hold harmless Cemetery for any representations made by or work performed by the Memorial Service Contractor. I understand the Cemetery does not insure and is not responsible for the care or condition of the memorial marker, monument, foundation, or any other memorial item.

_____ _____
(signature of Lot Owner or Authorized Agent) *(Date)*

Purchaser: _____
Relationship to Deceased: _____
Address: _____
(street address)
_____
(City) *(State)* *(Zip)*

NOTICE TO PURCHASER:
All work performed is subject to the Cemetery's Rules and Regulations which are available for reference at all times in the Cemetery's office. Please attach "Description of Memorial Marker or Monument" form.

FOR CEMETERY USE ONLY

Permit approved by:_____ Date:_____

Completed Work Inspected by_____ Date: _____

Defects noted:_____

DESCRIPTION OF MEMORIAL MARKER OR MONUMENT

Flat Memorial _____ Upright Memorial _____

Granite ☐ Bronze ☐ Other ☐ _____

Color _____ Quarried at: _____

Design Name: _____ Vase: _____

Size:
Width _____ Length _____ Height _____ Thickness _____

Manufacturer: _____ Phone No. _____

Manufacturer Date: _____ Order # _____

INSCRIPTION	SKETCH OF FOUNDATION

Sixty (60) days written notice is required for all foundations.
Installation may depend on weather conditions.

CHARGES	
Layout Fee	$
Inspection Fee	
Foundation	
Installation of Memorial Marker	
Installation of Upright Monument	
Fee for additional Perpetual Care	
TOTAL CHARGES	$

Design submitted for approval by: _____ Date: _____
Name of company: _____
Address: _____

_____
(city) *(state)* *(zip)* *(Phone number)* *(Fax number)*

Design approved by: _____ Date: _____

Inspected by: _____ Date: _____

WORKING CERTIFICATE APPLICATION

- ☐ Memorial Service Contractor
- ☐ Construction Memorial Service Contractor
- ☐ Outer Burial Container Service Contractor

(check those that apply)

Company Name: _____

Owner/Manager: _____

Address: _____

City:_____ State: ____ Zip _____

Phone (___) _____ Fax: (___) _____

The above Service Contractor (Contractor) hereby applies for a Working Certificate to perform the following services at _____
_____ (Cemetery.)

(check all that apply:)

_____ Install memorial markers

_____ Install upright monuments

_____ Sand blast granite: (check) ☐ monuments ☐ markers ☐ crypt fronts

_____ Construct upright monument foundations

_____ Construct memorial marker foundations

_____ Install outer burial containers

_____ Other

PREREQUISITES:

1. Certificate of Insurance
   Insurance Company: _____
   Personal Injury Limit: $_____
   Property Damage: $_____
   Does certificate name Cemetery as named insured? _____
   General Liability? ____, Products? _____, Auto? _____
   (copy of current valid certificate required with application)

2. Proof of Workers Compensation Insurance
   (Applicant must submit proof of coverage with application)

WORKING CERTIFICATE APPLICATION

I, _____, authorized agent for Contractor agree to perform all work covered by this certificate in conformity with the Cemetery's Rules and Regulations, its standard and special requirements, and in accordance with trade standards of proper methods.

If any fault resulting from improper setting develops within five (5) years from date of placement in the cemetery, such fault shall be rectified by the Contractor without cost to the Cemetery, or any other person.

The Contractor warrants that monuments, markers, foundations, vaults and other items provided will be first quality materials and will be finished in accordance with the standards of good craftsmanship. If any fault resulting from material, improper finishing or lettering develops within five (5) years from date of placement in Cemetery, the faulty item will be corrected or replaced by its dealer or manufacturer without cost to the Cemetery or any other person. If a manufacturer fails or refuses to make warranty, the Contractor agrees to be responsible for fulfilling the obligations.

The Contractor agrees to indemnify and hold harmless the Cemetery for any defect or damage of any memorial or vault whether due to design, manufacturer, inherent defect, nature of material, actions of vandals, acts of God or other causes beyond the control of the Cemetery. The Contractor acknowledges receipt and understanding of the Cemetery's Rules and Regulations and agrees to abide by all the provisions thereof.

A Working Certificate is valid for one year after approval, unless revoked. A Working Certificate will be revoked if no work is performed thereunder for a period exceeding six months. See Rules and Regulations for complete description of terms, conditions and requirements. A Working Certificate is not transferable or assignable. Please allow 30 days for review of this application.

_____ Date: _____

Contractor

_____

(Print name)

FOR CEMETERY USE ONLY

Approved by: _____ Title: _____

Approval date: _____ Expires: _____

Certificate #: _____