



te kaunihera ā-rohe o  
**matamata-piako**  
district council

# Application for Monument

## Please note:

- **Each cemetery has a different set of in-depth installation requirements.** It is important to read these requirements before you submit your application to avoid any unnecessary delays and problems. Call Customer Services on 07 884 0060 for a copy of the requirements.
- **Persons entitled to apply for a Monument Permit are the Burial Rights Holder (original or by transfer) and persons holding an Authority to Act** (as authorised either in the "Application for Exclusive Right" or by an "Authority to Act on behalf of the Burial Rights Holder"). Council requires **all other Applicant/s to provide a Statutory Declaration and Indemnity**, declaring that the information provided in is true and correct and indemnifying the Council against all actions, costs, claims, demands and losses that the Council may suffer or incur as a result of the grant of a Monument Permit to the Applicant/s.
- **Applications** will be assessed under the applicable provisions of the Burial and Cremation Act 1964, Matamata-Piako District Councils Cemetery Policies and Procedures, together with relevant regulations and New Zealand Standards.
- **Payment of all related fees required** – Erection/Installation of the Monument is prohibited until such time as all related fees and charges have been paid in full.

**Name of cemetery:** \_\_\_\_\_

### 1. Applicant:

Full name: \_\_\_\_\_

Company name: \_\_\_\_\_

Physical address: \_\_\_\_\_

Postal address: \_\_\_\_\_ Post code \_\_\_\_\_

Phone - Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Under the Public Amenities Bylaw, monuments must be installed in accordance with the Standard for Headstone and Cemetery Monuments (NZS 4242:2018). Only approved contractors can install monuments in our Cemeteries.

### 2. Details of Installer

Above Applicant       Approved Contractor (complete details below)

Company name: \_\_\_\_\_

Contact person: \_\_\_\_\_

Physical address: \_\_\_\_\_

Postal address: \_\_\_\_\_ Post code \_\_\_\_\_

Phone - Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

### 3. Details of Plot Location:

Name of deceased: \_\_\_\_\_

Plot owner: \_\_\_\_\_

Block No: \_\_\_\_\_ Row No: \_\_\_\_\_ Plot No: \_\_\_\_\_

### 4. Will the monument, when sited, cross more than one plot?

No – Skip to section 5       Yes – List other affected plots: \_\_\_\_\_

**5. Installation and Design Requirements**

There are several installation and design requirements that are applicable to all cemeteries. Please read the following details carefully to ensure you will be allowed to install your monument:

- A **maximum building envelope** applies to the installation and design of headstones. *(Please refer to your copy of requirements for the specific building envelope of your proposed cemetery).*
- The **minimum thickness** for any headstone is 75mm.
- The **maximum height** for any monument is 1200mm.
- The entire monument must have a **minimum of 150mm clearance** from the front of the plot. **Single berm** monuments must have a minimum of 150mm clearance from the front **and** rear of the plot.
- **Ashes Wall Plaques need to have holes in each corner and screws supplied**

**6. Details of Monument to be constructed**

Materials: \_\_\_\_\_

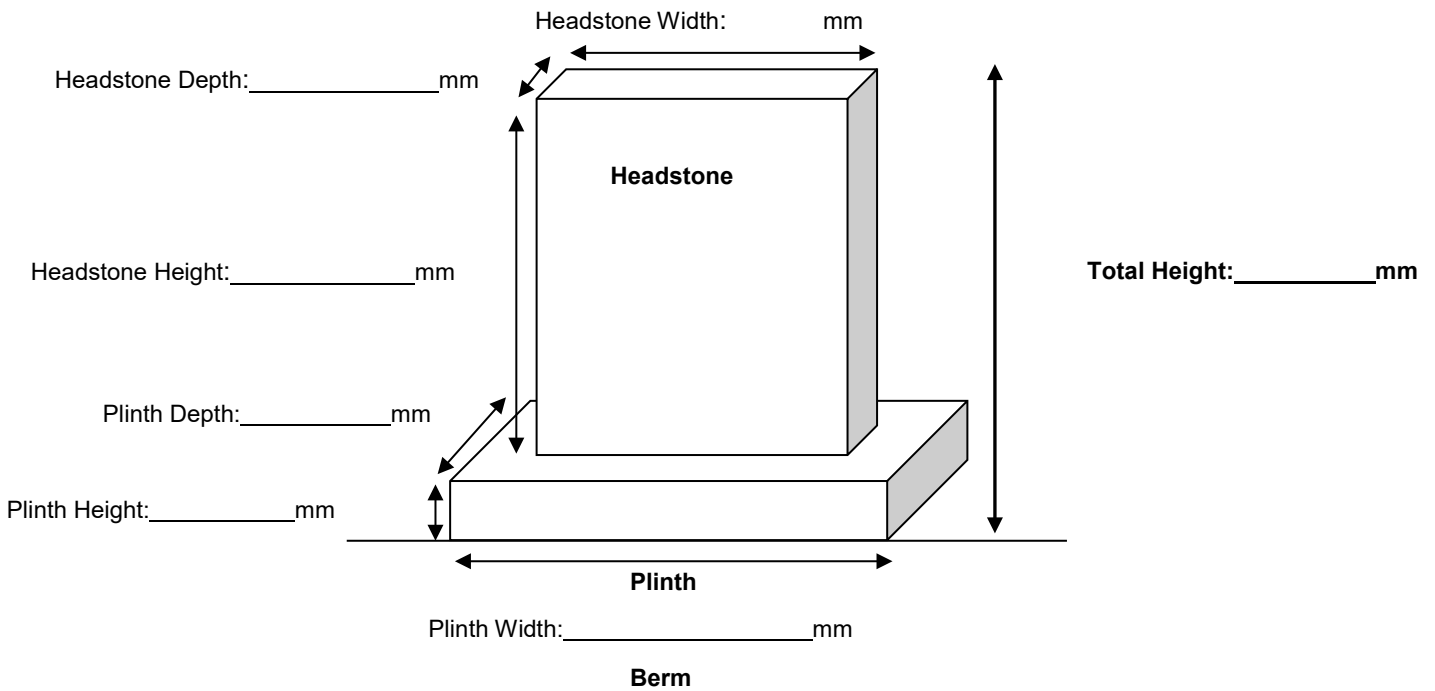
- Draft of planned wording attached
- Plaque size \_\_\_\_\_
- Ashes Wall – Holes in each corner and screws supplied
- Ashes Berm

OR for all other monuments, complete dimensions below.

**Dimensions:**

Please add the relevant dimensions of your planned monument to the diagram below. For plaques being mounted on a plinth, please provide plinth details.

Please note that not all cemeteries allow headstones or plaques with plinths, please check your copy of requirements for the proposed cemetery.



I accept responsibility for the details contained within this form and liability for fees charged by Matamata-Piako District Council. I also accept responsibility for the removal of this monument if it differs to this application.

- Payment** of \$70.00 attached                      **Receipt No** \_\_\_\_\_ or
- Internet Banking** 02 0436 0021611 00      **Code Monument**      **Reference Name of Deceased**
- Invoice: Customer Account No: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

<p><b>Office Use Only</b></p> <p>Approved Contractor</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>( Date received )</p>
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