



Monument/Foundation Permit
For City of Cemeteries

MONUMENT PLACEMENT PERMIT: TO _____

DATE _____

Has been authorized to place a monument/foundation in accordance with the specifications:

Type of Memorial: SINGLE DOUBLE FAMILY OTHER

FOR: _____

Size _____ X _____ MATERIAL _____
Length Width

STYLE _____

Block: _____

Lot: _____

Space: _____

Location: FAIRVIEW NEW FAIRVIEW NEW HOPE

Special Instructions:

MONUMENT COMPANY

Sign _____

For inspections call:
Tom@ 816-439-4363

Inspected by _____

Date _____

Cemetery Clerk
Phone: 816-439-4463
Fax: 816-439-4464

Sign: _____

Date: _____