Thornbury Clarksburg Union Cemetery
Monument Installation Permit

Monument Location

Section: _______________________ Range: ________________
Plot: ________________ Lot: North [ ] Centre [ ] South [ ]

Interment Rights Holder Information

Name: _____________________________________________________________________

Phone Number: ________________________________

Email Address: _________________________________

Monument Company

Company Name: ______________________________________________________________

Company Representative: ______________________________________________________

Phone Number: ________________________________

Email Address: _________________________________

Please attach a drawing of the proposed monument including size, shape and inscription as well as material of the marker.

All monument locations must be laid out and foundations inspected by Town Staff.

A care and maintenance fee ($56.50 for flat markers, $113.00 for small upright markers and $226.00 for large upright markers) must accompany all monument permit applications.
Monument Installation Company (if different from Monument Company)

Company Name: ______________________________________________________________

Company Representative: ______________________________________________________

Phone Number: ________________________________

Email Address: _________________________________

Certificate of Insurance: in an amount not less than two million dollars inclusive of public liability and property damage; automobile liability insurance for an amount not less than two million dollars on forms meeting statutory requirements covering all vehicles used in any manner in connection with the monument installation. Must be received before installation.

Installation Date: _________________________
(Must provide Town Staff with 48 hours’ notice)

Staking Required:  Yes ☐   No ☐
(Monument locations will be marked with a wooden stake placed in the middle of the monument location and labeled with the last name of the family)

Office Use Only

Application Received By: __________________________  Date: ________________

Application Approved By: __________________________  Date: ________________

Installation Approved By: __________________________  Date: ________________

Identified Issues:
____________________________________________________________________________
____________________________________________________________________________

Resolution:
____________________________________________________________________________
____________________________________________________________________________