

MONUMENT PERMIT
PINE SLOPE, ST. PAUL'S, RIVERSIDE CEMETERY
The Cemetery Rules & Regulations must be strictly followed.
To be filled out by the Monument Company or Applicant.

All applications should be submitted and approved by the Public Works Director or designee, before monument is completed, to ensure the design, dimensions, vase and lettering are correct for the grave's location, helping to eliminate errors for all concerned.

The monument permit fee for the initial monument placement shall be \$25.00. There will be no charge for a monument permit for work other than the initial monument placement. Failure to obtain a monument permit shall result in a penalty fee not to exceed \$50.00.

Monument Company: _____
 Contact Name: _____ Phone: _____
 Address: _____ City: _____ State : _____ Zip: _____
 Email (optional) _____
 Work will take place approximately (Set Date): _____

Please check one:

Section: Pineslope Cemetery St. Paul's Cemetery Riverside Cemetery
 Block : _____ Row _____ Lot: _____ Grave(s): _____
 Name(s) on Marker: _____

All grave locations will be FLAGGED, MARKED OUT and CHECKED by Cemetery staff. A request to have grave(s) MARKED shall be received one week prior to actual installation date. Please leave "RED" flag at the site AFTER installation, to be checked by Cemetery staff.

Diagram of the grave space(s) showing exact placement of the monument(s) on the space:

Grave #5	Grave #6	Grave #7	Grave #8
Grave #4	Grave #3	Grave #2	Grave #1

Type/Description of Monument Work: _____

Size dimensions – Foundation: _____ L _____ W Tablet: _____ L _____ W _____ H

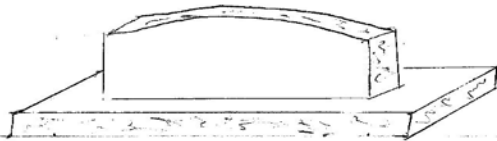
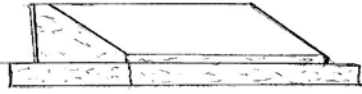
Base: _____ L _____ W _____ H

Slant _____ Single _____ Double _____

Flat _____ Single _____ Infant _____

Base - Yes _____ No _____ Vase/s _____

Vase/s _____



Bevel / Hickey Vase/s _____

Upright _____ Single _____ Double _____ Vase/s _____

Other _____

Fee: _____ Date Paid: _____ Receipt #: _____

Signature of Applicant: _____

(To be completed by the city of Belle Fourche Cemetery staff)

Date Received _____ Completed by (name) _____

Remarks: _____

Approval Signature: _____ Dated: _____

*Monument Permit shall be submitted to the City of Belle Fourche at least 7 working days prior to the installation of the marker/monument.

Please return to:

City of Belle Fourche, Cemetery Department (Monday – Friday 7 a.m. to 4 p.m.)

511 6th Avenue, Belle Fourche, SD 57717

Phone: (605)-892-3006 Fax: (605)-723-0897