



Permit No.: _____
Approval Date: _____

## Evergreen Cemetery Permanent Structure Permit Application

### APPLICANT

Name: \_\_\_\_\_ Relationship to decedent(s): \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Telephone No.: \_\_\_\_\_ Alt. No.: \_\_\_\_\_

### PLOT INFORMATION

- Name of Deceased: \_\_\_\_\_ Date of Death: \_\_\_\_\_  
 Section Name: \_\_\_\_\_ Sect. Letter: \_\_\_\_\_ Row: \_\_\_\_\_ Plot: \_\_\_\_\_
- Name of Deceased: \_\_\_\_\_ Date of Death: \_\_\_\_\_  
 Section Name: \_\_\_\_\_ Sect. Letter: \_\_\_\_\_ Row: \_\_\_\_\_ Plot: \_\_\_\_\_
- Name of Deceased: \_\_\_\_\_ Date of Death: \_\_\_\_\_  
 Section Name: \_\_\_\_\_ Sect. Letter: \_\_\_\_\_ Row: \_\_\_\_\_ Plot: \_\_\_\_\_

### CONTRACTOR

Name: \_\_\_\_\_ License No.: \_\_\_\_\_  
 Company Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone No.: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Insured: Yes / No Ins. Co. Name: \_\_\_\_\_ Ins. Cert. on File: Yes / No

### DESCRIPTION OF WORK TO BE DONE

**PLEASE NOTE: ALL WORK MUST BE IN COMPLIANCE WITH GRAVESITE PERAMETERS, WHICH IS REVIEWED, APPROVED AND MARKED BY CITY OF BISBEE STREETS CREW.**

Dimensions: \_\_\_\_\_  
 Description of work to be done: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Materials used: \_\_\_\_\_  
 Work to begin on: \_\_\_\_\_ Work to be completed on: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

<b>For Office Use Only</b>	
Received by: _____	Date Received: _____
<input type="checkbox"/> Approved as submitted <input type="checkbox"/> Approved with stipulation (below) <input type="checkbox"/> Disapproved with reason (below)	
Reason/Stipulation(s): _____ _____ _____	
Signature: _____	Date: _____