

**TOWN OF FLORENCE PUBLIC WORKS DEPARTMENT**

**CEMETERY PERMIT**

425 E. Ruggles / P O Box 2670 Florence AZ 85232 520-868-7620 Fax: 520-868-7637

Easement Owner: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Check one:  Install headstone  Install Grave cap  Plants/trees  Fence/Border

Other: \_\_\_\_\_

Location of work to be done: Block: \_\_\_\_\_ Lot: \_\_\_\_\_ Space(s): \_\_\_\_\_

Describe in detail job/work to be done: \_\_\_\_\_

Illustration: (Include dimensions)

Work/Installation performed by:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

I understand that the above must conform to the Rules and Regulations set forth. Any work performed including installation of grave caps, headstones, borders, fences, monuments, plants, etc. are subject to removal by Town personnel per the Town of Florence Cemetery Rules and Regulations.

Signature of applicant/agent \_\_\_\_\_ Date \_\_\_\_\_

This permit shall become void if no work is commenced within \_\_\_\_\_ days.

**WHEN VALIDATED, THIS APPLICATION IS YOUR PERMIT.**

Approved by: \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

For Office Use Only

For Burials: Completed by: Completed by: Date:	For Building Permit Inspection: Inspected by: _____ Date: _____ <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Conditional Approval
Comments:	Reasons/Comments