



SCHEDULE C

A schedule to establish a permit to construct a marker or monument, etc.
in the Milestone Cemetery

Town of Milestone

PERMIT TO CONSTRUCT A GRAVE MARKER OR MONUMENT IN THE MILESTONE CEMETERY

Contractor/Memorial Company: _____

Contact Name: _____ Phone Number: _____

Email: _____ Address: _____

City: _____ Province: _____ Postal Code: _____

(Person Hiring Contractor)

Contact Name: _____ Phone Number: _____

Email: _____ Address: _____

City: _____ Province: _____ Postal Code: _____

Name of Interred: _____ Date of Interment: _____

Date to set marker/monument: _____ Type of material: _____
(eg. granite, marble)

Location of marker/monument: Block _____ Lot _____ Grave _____

Permit Fee: \$ _____

Dimensions of base: Width: _____ Length: _____ Thickness: _____

Dimensions of marker/monument: Width: _____ Length: _____ Height: _____

OFFICE USE ONLY

AUTHORIZATION:

This permit issued the _____ day of _____, 20_____.

Town of Milestone, Signature of Authorized

Agent Work order ☐:

Permit fee ☐:

Burial permit/cremation certificate Received: ☐