

**STOWE CEMETERY COMMISSION  
P.O. BOX 730  
67 MAIN STREET  
STOWE, VT 05672**

**Phone (802) 253-6133    E-mail [ballaire@townofstowe.vermont.org](mailto:ballaire@townofstowe.vermont.org)    Fax (802) 253-6143**

**WORK ORDER /PERMIT**

Original Deedholder's Name (please print) \_\_\_\_\_

Cemetery Name \_\_\_\_\_ Section No. \_\_\_\_\_ Lot No.(s) \_\_\_\_\_

Commission approved Corner Markers are required for all lots or groups of lots prior to the placement of any memorials. If needed, they are to be ordered through the town, and will be set in place by the Town at the direction of the Superintendent of Cemeteries.

\_\_\_ Corner markers are in place                      \_\_\_ Corner markers are needed, order form is attached

**REQUEST TO INSTALL**

\_\_\_ FOUNDATION Foundations must be installed by a dealer with a currently valid foundation contract with the Town of Stowe. If the installer is other than the undersigned dealer, a separate work order / permit is required for the foundation and should be submitted herewith.

\_\_\_ MEMORIAL A to-scale sketch or blueprint is required. It must have dimensions, show the front and side views, and back if different or inscribed. Include any inscriptions or designs, the names and addresses of the memorial manufacturer, the memorial material, color, and finish. Please also indicate the exact location on the lot or group of lots.

\_\_\_ MARKERS (grass level) A to-scale sketch or blueprint is required with the same information required as described above for a memorial.

\_\_\_ INSCRIPTIONS Sketch and information attached.(Requests for only inscriptions can be approved by the staff in the Town Clerk's Office during regular business hours.)

\_\_\_ CLEANING Please state composition of memorial to be cleaned, and the method and agents to be used to clean the memorial.

**GUARANTEES for Memorials and/or Markers**

\_\_\_ The undersigned memorial dealer guarantees that this memorial is made of first quality granite, marble, or other natural stone throughout, which will be free from sap and other components which cause rust stains, and which will be free from natural faults which might cause checks and cracks.

\_\_\_ The undersigned memorial dealer guarantees that should any faults develop in said monumental work or any part thereof, due to material, manufacture, or to setting within ten\_\_\_, five\_\_\_, (other) \_\_\_ years from date of setting, the defective work will be replaced by the dealer within nine months after notice, without cost to the burial rights holder, his or her heirs, or the Town of Stowe, or any Officer, Commission, or Department thereof.

- \_\_\_ This monument will bear the “Barre Guild” mark of the Barre Granite Association, and a copy of the completed BGA Certificate of Guarantee will be given to the Commission prior to the setting of the memorial.
- \_\_\_ This monument will bear the “CM” mark of the Barre Granite Association denoting it is covered by the Certificate of Monument Quality, and a copy of the completed Certificate of Monument Quality will be given to the Commission prior to the setting of the memorial.
- \_\_\_ Other. Please describe. A complete copy of this guarantee will be given to the Commission prior to the setting of the memorial.

ADDITIONAL REQUESTS Explain request (unveiling, etc.) and attach to Work Order/Permit. Such requests must be approved and scheduled.

***Work Order/Permits must be received by the commission by the 24<sup>th</sup> of the month before the Commission meeting at which they will be considered. All outside workers must have a certificate of insurance on file with the Town.*** I request that the above work order be approved. I have read the Rules and Regulations of Stowe Cemeteries, dated March 2003, and I agree to abide by them.

Memorial Dealer signature \_\_\_\_\_ Date \_\_\_\_\_

Memorial Dealer (print name) \_\_\_\_\_ Phone \_\_\_\_\_

Mailing address \_\_\_\_\_  
 \_\_\_\_\_

BURIAL RIGHTS HOLDER / MEMORIAL PURCHASER AUTHORIZATION: I have read the foregoing order and agreement. You are hereby authorized to schedule said memorial Dealer to execute the above work in accordance with this form and the attached information. I understand that any work is subject to the Rules and Regulations of Stowe Cemeteries.

Holder/Purchaser signature \_\_\_\_\_ Date \_\_\_\_\_

Holder/Purchaser (print name) \_\_\_\_\_ Phone \_\_\_\_\_

Mailing address \_\_\_\_\_  
 \_\_\_\_\_

STOWE CEMETERIES AUTHORIZATION

Conditions or specifications: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Authorized signature \_\_\_\_\_ Date \_\_\_\_\_

All work must be scheduled with Bruce Godin, Superintendent of Cemeteries.....(802) 253-6148