

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

Phone (802) 253-6147 Email ballaire@townofstowe.vermont.org Fax (802)253-2702

WORK ORDER PERMIT

Original Deed Holder's Name/Burial Rights Holder's (please print)

Cemetery Name _____ Section _____ Lot No. _____

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 _____

REQUEST TO INSTALL

_____ **FOUNDATION** Foundations can be installed only by a contractor with a 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.

_____ **MEMORIAL** A to-scale sketch or blueprint is required. It must have dimensions and show the front and back views if different or inscribed. Include any inscriptions or designs, the memorial material, color and finish. Please 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 date and name can be approved by the Town Clerk and/or staff during regular business hours)

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

_____ **GUARANTEES for Memorials and/Markers & Foundations**

_____ The undersigned memorial purchaser/Burial Rights Holder has received a copy of the memorial guarantee from the Memorial Dealer for quality of material and manufacture.

_____ The undersigned Burial Rights Holder/foundation purchaser has received a copy of foundation contractor's guarantee of workmanship. ***Please Note:** All foundation contractors must have a valid Certificate of Insurance to work in Stowe Cemeteries.

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

Work Order Permit Application must be received by the 24th of the month before the Commission meeting. All outside workers must have a Certificate of Insurance on file with the Town. I request that the work order submitted be approved. I have read the Rules and Regulations of Stowe Cemeteries, dated December 2012, 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 / Foundation Contractor, to execute the above work in accordance with this form and attached information. I understand that any work is subject to the Rules and Regulations of Stowe Cemeteries and that **no work will be done until both the memorial and foundation are approved.**

Holder/Purchased Signature _____ **Date** _____

Holder/Purchaser (print name) _____ **Phone** _____

Mailing Address _____

Holder/Purchaser relationship to original Rights Holder: _____

Mailing Address _____

STOWE CEMETERIES AUTHORIZATION

Conditions or specifications: _____

Authorized Signature: _____ **Date** _____

- **ALL work must be scheduled with Bruce Godin, Superintendent of Cemeteries. Phone # 802-279-8117**

Maximum Size of Memorials, Stowe Cemeteries with lot size 4' x 12':

	Max Width 60% of lot	Max Face 20% of lot Including base	Max Height including base
1 lot	2.4 ft.	9.6 sq. ft.	4 ft.
2 lots	4.8 ft.	19.2 sq. ft.	4 ft.
3 lots	7.2 ft.	28.8 sq. ft.	4 ft.
4 lots	9.6 ft.	38.4 sq. ft.	4 ft.

Form as revised and approved by Stowe Cemetery Commission April, 2013