

STOWE CEMETERY COMMISSION

P.O. BOX 730, STOWE, VT 05672

Phone (802) 253-6133

Email: cemetery@stowevt.gov

Fax (802)253-6137

WORK ORDER PERMIT

Original Burial Rights (DEED) Holder (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 and must be ordered and installed by the Town of Stowe.

Corner Markers are in place? **YES** or **NO**

Corner Markers are needed? **YES** or **NO**

REQUEST FOR INSCRIPTION: Date/name can be approved by staff during regular business hours. Any other request must be approved by the Cemetery Commission. Include information in the space below.

REQUEST FOR CLEANING:

Composition of the memorial _____ Cleaning methos/agents _____

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. |

REQUEST TO INSTALL: Refer to Memorial and Foundation Specifications pages of the Stowe Cemeteries Rules and Regulations, May 2022 for allowed sizes and locations.

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 or FLUSH MARKER: Flush markers are installed by the Town of Stowe after delivery to the Superintendent of Cemeteries.

Include a sketch with the following:

- 1) Dimensions
- 2) Front and back views
- 3) Material and Finish (please note – colorized designs are not permitted)
- 4) Location on lot or group of lots in the space below **or attach separately.**

Work Order Permit Application must be received 14 days prior to monthly meetings of the Commission. Late or incomplete submission will be tabled.

I have read and will abide by the Rules and Regulations of Stowe Cemeteries, dated May 2022.

Memorial Dealer signature _____ Date _____

Memorial Dealer (print name) _____ Phone _____

Mailing address _____

Email Address _____ Fax _____

All work must be scheduled with the Superintendent of Cemeteries by phone, text or email and a copy of this form must be in the possession of the contactor or subcontractor doing the work. Phone (802) 730-6144 or ddanforth@stowevt.gov.

BURIAL RIGHTS HOLDER/MEMORIAL PURCHASER AUTHORIZATION

I hereby authorized the above Memorial Dealer / Foundation Contractor, to execute the above work in accordance with the Rules and Regulations of Stowe Cemeteries. No work will be done until all information is complete and approved.

Holder/Purchaser Signature _____ Date _____

Holder/Purchaser (print name) _____ Phone _____

Mailing Address _____

Email Address _____ Fax _____

Holder/Purchaser relationship to original Rights Holder: _____

FOR OFFICE USE ONLY:

Conditions: _____

Authorized Signature: _____ Date _____