

**Application to LIMERICK CITY & COUNTY COUNCIL to erect a  
headstone in accordance with the Cemeteries Bye-Laws, 2015.  
PLEASE COMPLETE IN BLOCK CAPITALS**

1. Name of cemetery: \_\_\_\_\_ Lawn Cemetery Yes/No

2. Name of Client: \_\_\_\_\_

3. Address of Client: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Daytime Telephone No.: \_\_\_\_\_

4. Name of deceased: \_\_\_\_\_

5. Relationship of client to deceased: \_\_\_\_\_

6.1 Official Receipt number for grave purchase: \_\_\_\_\_

6.2 Gravespace number: \_\_\_\_\_

In the case of a gravespace in an old cemetery a photograph must be provided.

**This section is to be completed by the applicant carrying out the work**

**Please note the applicant is the monumental sculptor or contractor who has undertaken to carry out work for the client. The applicant is neither the client nor any subcontractor or any persons employed by the monumental sculptors to carry out the work.**

7. Name of Monumental Sculptor: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_ Business Telephone No.: \_\_\_\_\_

**8. A short description and a detailed sketch of the work proposed, with all measurements indicated to be given. PHOTOGRAPH OF COMPLETED WORKS MUST BE SUBMITTED WITHIN ONE WEEK OF COMPLETION.**

**Short Description of Proposed Works:**

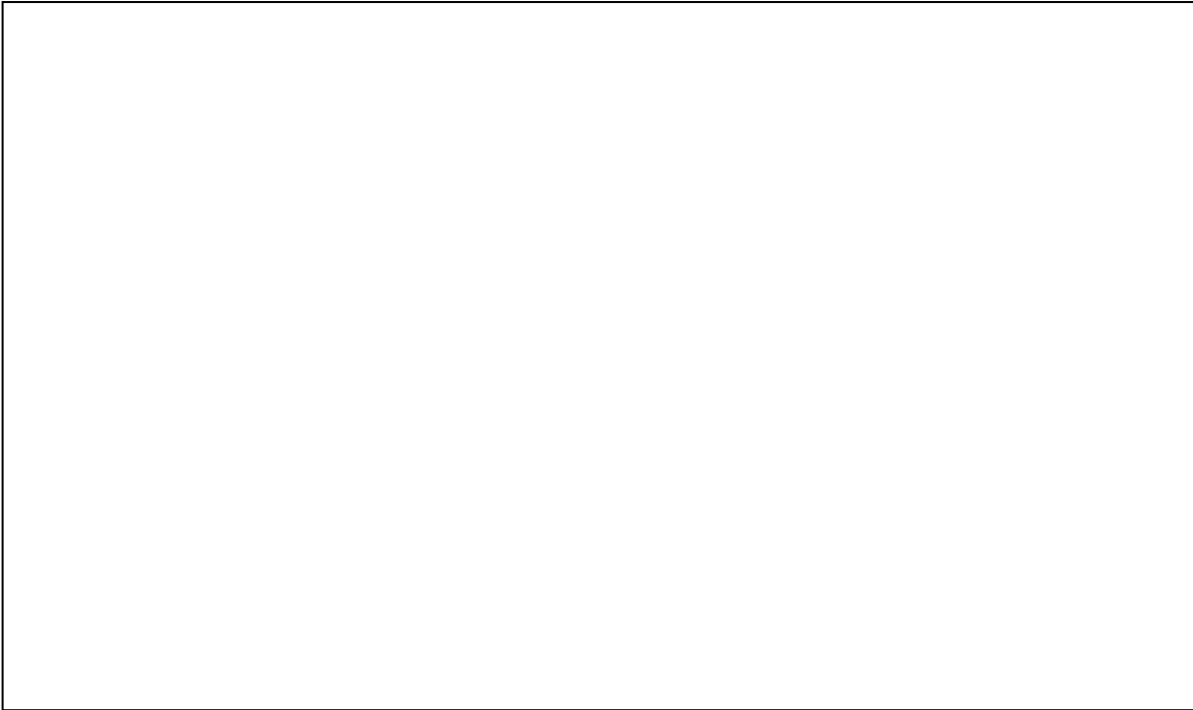
\_\_\_\_\_

\_\_\_\_\_

**No work to commence until a permit from Limerick City & County Council has been received, this includes preparatory works. The permit must be produced to the relevant caretaker prior to works commencing.**

**IF CLIENT IS NOT GRAVEOWNER, WRITTEN CONSENT OF GRAVEOWNER MUST BE SUBMITTED WITH APPLICATION.**

**Accurate detailed Sketch showing 3 dimensions of headstone, base & kerbing (With measurements shown):**



I \_\_\_\_\_ of \_\_\_\_\_ having applied to Limerick City & County Council to erect a headstone/tombstone in \_\_\_\_\_ Cemetery in accordance with the sketch of the proposed works herein, in consideration of the said Council having granted me the said permission, do hereby undertake to indemnify the said Limerick City & County Council against any damage or injury that may be occasioned in the said Cemetery arising from the erection of the said headstone/tombstone. I wish to confirm that the work will be carried out in accordance with the information supplied on this form and/or with any Council requirements indicated.

Signed on behalf of the Company: \_\_\_\_\_

Signed by the client: \_\_\_\_\_

In the presence of \_\_\_\_\_

Dated this \_\_\_\_\_ day of \_\_\_\_\_

**RETURN TO: CEMETERIES, LIMERICK CITY & COUNTY COUNCIL, DOORADOYLE, LIMERICK A MINIMUM OF SIX WEEKS BEFORE PERMIT IS REQUIRED.**

The application cannot proceed until the appropriate fee of €150 is paid in full & a copy of the receipt attached to this form.