

Comhairle Contae Chill Mhantáin Wicklow County Council

Ceantair Bardasach Bhré - Municipal District of Bray

Oifigí Cathartha / Civic Offices
An Príomhshráid / Main Street
Bré / Bray
Contae Chill Mhantáin / County Wicklow
Guthán / Tel: (01) 2744900
Faics / Fax: (01) 2860930
Rphost / Email: braymd@wicklowcoco.ie
Suíomh / Website: www.wicklow.ie

P	APPLICATIO	N TO ERECT A	HEADSTONE A	T SPRINGFIELD BURIAL (GROUND	
Applicant I	Name:					
Address of	Applicant:					
Contact Telephone No:			Fax No:	o: E-mail:		
Undertakei	rs Name:					
Contact Telephone No:			Fax No:	E-mail:		
Plot Numb	er:		Section:	A 🗆 B 🗆 C 🗖 D	□ E □ F □	
	TER	MS & CONDITIONS	GOVERNING THE	E ERECTION OF HEADSTONES		
1.		ingle grave headstones must be erected on a level base stone measuring 1.12m X 0.45m X 0.1m 'X 1'6" X 4").				
2.		double grave headstones must be erected on a level base stone measuring 2.34m X 0.45m X 0.1m '8" X 1'6" X 4").				
3.	The maximu	um height of the headstone above the base stones shall be 1000mm. (3'3").				
4.	including all Such drawin	ensioned drawing, at a scale of 1:25, depicting the front and side view of the headstone ing all lettering shall be submitted to the Council for written approval prior to its fabrication. drawings shall be received at the Council offices not less than 7 days before proposed date of on of headstone.				
5.	The front of space.	f the base of the headstone shall be engraved with the identification mark of the grave				
6.		ne Mason/Contractor erecting the headstone is to be responsible for all damage caused during tion of the headstone and all surplus material to be disposed of in a manner agreed with the				
7.	No work is t	to be carried out on the erection of headstones during funeral times.				
8.		ter of the burial ground shall be furnished with a copy of the letter of approval prior to the any headstone.				
THE FOLL	OWING MUST	ACCOMPANY THIS	S APPLICATION:			
(i) Drawing of proposed headstone. (Condition 4)				☐ (Please tick to confirm)		
(ii) Memorial Headstone Application Fee of €25				☐ (Please tick to confirm)		
(iii) Grave Purchase Receipt (copy)				☐ (Please tick to confirm)		
I hereby ag provided is		d by the terms and	conditions set-out	above and confirm that the info	rmation I have	





DATE:

Application Reference No.	Plot Number Checked	
Receipt Number Checked:	Drawing Checked:	
Signed:	Date:	