



**CONSTRUCTION ACTIVITY PERMIT APPLICATION
AT THE SAFFORD UNION CEMETERY**

220 W. Discovery Park Blvd., Safford AZ 85546

Tel: 928-432-4170 Fax: 928-428-7914

Application Date:* _____

CITY OF SAFFORD PERMIT NO: _____

DEED HOLDER INFORMATION

INDIVIDUAL / COMPANY PERFORMING WORK

NAME:* _____

NAME:* _____

Address:* _____

Address:* _____

Phone Number:* _____

Phone Number:* _____

Fax Number: _____

Fax Number: _____

Email Address: _____

Email Address: _____

PROPOSED CONSTRUCTION ACTIVITY WILL OCCUR AT THE FOLLOWING LOCATION IN THE CEMETERY:

Block #*: _____ Lot #*: _____ Space #*: _____

INDIVIDUAL / COMPANY PERFORMING WORK:

Is the family of the Deed Holder(s) aware of your planned work?* YES: _____ NO: _____

PROPOSED CONSTRUCTION OR WORK ACTIVITY:

NOTE: *City of Safford staff must meet with individual(s) installing curbing. Curbing between spaces must match existing curbing height and width. Width of curbing shall be split evenly between the adjoining spaces. Colored cement or painted curbing is not permitted.*

Painted curbing or improperly installed curbing will be removed by City of Safford at installers expense.

City Staff will review the proposed activity. The activity must comply with approved regulations for the Cemetery. The work must be completed within a 12 month time frame of the date of this application or a new Permit Application must be completed. This Permit Application must be approved by the Public Works Director or Cemetery Staff and will be kept on file. A copy of the Permit Application will be provided to the applicant.

Applicant/Deed Holder's Signature: _____ (Date)

Application Permit approved by: _____ (Name) _____ (Date) _____ (Title)

Date Permit approved: _____ Date Permit expires: _____

FOR HEADSTONE/MARKER PLACEMENTS AND CURBING, PLEASE CONTACT CITY OF SAFFORD PRIOR TO INSTALLATION FOR PROPER PLACEMENT LOCATION.

Permit denied by: _____ for the following reason(s):
(NAME) (DATE)

*denotes required field