



Permit No.: _____
 Approval Date: 5/14/18

Evergreen Cemetery Permanent Structure Permit Application

APPLICANT

Name: Brenda L Miller Relationship to decedent(s): Grandma
 Mailing Address: 1025 E Linden St
 Telephone No.: 520-304-9738 Alt. No.: _____

PLOT INFORMATION

- Name of Deceased: Anthony Kyle Greach Date of Death: 8-18-96
 Section Name: _____ Sect. Letter: C Row: 35 Plot: 5
- Name of Deceased: _____ Date of Death: _____
 Section Name: _____ Sect. Letter: _____ Row: _____ Plot: _____
- Name of Deceased: _____ Date of Death: _____
 Section Name: _____ Sect. Letter: _____ Row: _____ Plot: _____

CONTRACTOR

Name: _____ License No.: _____
 Company Name: _____
 Address: _____
 Telephone No.: _____ Cell Phone: _____
 Insured: Yes / No Ins. Co. Name: _____ Ins. Cert. on File: Yes / No

DESCRIPTION OF WORK TO BE DONE

PLEASE NOTE: ALL WORK MUST BE IN COMPLIANCE WITH GRAVESITE PERAMETERS, WHICH IS REVIEWED, APPROVED AND MARKED BY CITY OF BISBEE STREETS CREW.

Dimensions: _____
 Description of work to be done: Placing headstone

Materials used: _____
 Work to begin on: 5/14/2018 Work to be completed on: 5-14-2018
 Signature of Applicant: Brenda L Miller Date: 5/14/2018

For Office Use Only	
Received by: _____	Date Received: <u>5/14/18</u>
<input type="checkbox"/> Approved as submitted <input type="checkbox"/> Approved with stipulation (below) <input type="checkbox"/> Disapproved with reason (below)	
Reason/Stipulation(s): _____	
Signature: _____ Date: _____	