

# City Of Asheboro

## Marker Installation Application

(Allow 48 hours from receipt of application for processing)

Date: \_\_\_\_\_

Company or Installer Name: \_\_\_\_\_

Company or Installer Phone Number: \_\_\_\_\_

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Applicants Name: \_\_\_\_\_ Relationship with plot owner: \_\_\_\_\_

Applicants Phone #: \_\_\_\_\_ Address \_\_\_\_\_

Plot Owner's Name: \_\_\_\_\_

Cemetery Name: \_\_\_\_\_

Section #: \_\_\_\_\_ Plot #: \_\_\_\_\_

Deceased Name: \_\_\_\_\_

Type Installation: (Circle)    Mausoleum    Headstone    Footstone    Veteran    Cornerstones

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### Agreement

The undersigned understands and agrees to follow all Marker Installation Guidelines, Marker installation Specifications/Details and all other pertinent cemetery regulations. Signee further agrees to remove any marker which does not meet all guidelines, specifications/details and regulations.

Installer Signature: \_\_\_\_\_

Mail Application to: City Of Asheboro  
P.O. Box 1106  
Asheboro, NC 27204-1106  
Att: Todd Barnes

Deliver To: City Of Asheboro  
Public Works Facility  
1312 N.Fayetteville St.  
Att: Todd Barnes

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### For Office Use Only

Date Application Received: \_\_\_\_\_

Submittal Attached?:  Yes     No            Does Marker Meet Specifications?:  Yes     No

Is Plot owner information correct?:  Yes     No

Is Applicant plot owner of record?:  Yes     No

If no: Applicant must fill out proper permission form or provide deed for plot?:  Yes     No

Date Application Approved: \_\_\_\_\_ Approved By: \_\_\_\_\_