

TOWN OF CLAYTON OPERATIONS CENTER

“SERVICE”

ELECTRIC SERVICE
(919) 553-1530

VEHICLE MAINTENANCE
(919) 553-1530



“ENVIRONMENT”

PUBLIC WORKS
(919) 553-1530

WATER RECLAMATION
(919) 553-1535

MARKER INSTALLATION PERMIT

Grave Marker or Memorial for _____

Cemetery _____ Section _____ Plot _____ Grave _____

Installed By: _____

Installer's Address: _____

Phone No. () _____ Fax No. () _____

Installation Date: _____ Time: _____ a.m. p.m.

Installation Authorized By: _____

Owner or Authorized Representative

Date: _____

Flush or Upright: _____ Material: _____

If upright, does it have a base? _____

Marker Size: _____ Base Size: _____

Head, Foot or Ledger _____

For each marker permit, please include a photograph, sketch, or other accurate depiction or rendering, to include all applicable materials, dimensions and wording.

Town Approval: _____

Public Works Director or Authorized Representative

Date: _____

Installation Inspected By: _____ Date: _____