



# City of Baker City, Oregon Monument Permit Application

**Mt. Hope Cemetery**  
910 South Bridge Street  
Baker City, OR 97814

Name(s) Appearing on Monument: \_\_\_\_\_

Location of Where Monument will be Placed in the Cemetery:

Cemetery Section: \_\_\_\_\_ Block: \_\_\_\_\_ Lot: \_\_\_\_\_ Grave(s): \_\_\_\_\_

**Work Proposed to be Accomplished:**

- |  |  |
|--|--|
| <input type="checkbox"/> Installing New Monument-Is this a secondary stone? Yes or No (circle one) | <input type="checkbox"/> Repairing Existing Monument (No Fee)        |
| <input type="checkbox"/> Installing Individual Vase (50% of Fee)                                   | <input type="checkbox"/> Replacing Existing Monument (No Fee)        |
| <input type="checkbox"/> Installing New Veteran's Monument (No Fee)                                | <input type="checkbox"/> Engraving Existing Monument (No Fee)        |
| <input type="checkbox"/> Installing Plaque on Existing Monument (No Fee)                           | <input type="checkbox"/> Removing Existing Monument (No Fee)         |
| <input type="checkbox"/> Relocating Monument-Is this a secondary stone? Yes or No (circle one)     | <input type="checkbox"/> Resubmission of Expired Permit (50% of Fee) |

**Type of Monument:**  Flat  Upright  Pillow  Bevel  Other (provide photo)

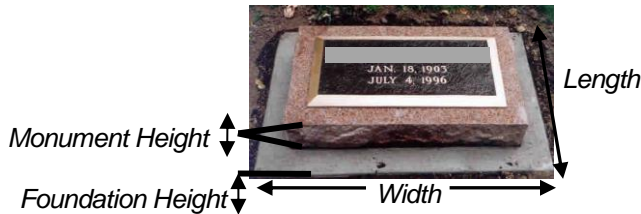
**Monument Material:**  Bronze  Granite  Marble  Other: \_\_\_\_\_

**Other Items Included on/with Monument:**  Vase  Picture  Other: \_\_\_\_\_

**Monument Dimensions:**

Monument Width: \_\_\_\_\_ Monument Length: \_\_\_\_\_ Monument Height: \_\_\_\_\_

Foundation Width: \_\_\_\_\_ Foundation Length: \_\_\_\_\_ Foundation Height: \_\_\_\_\_



**Note:** If the monument is in a flat-restricted area or is the second headstone at the grave, the monument cannot protrude more than 3/4" above ground level.

*Width* = The measurement of the monument or foundation as it faces the grave—measuring left to right.  
*Length* = The measurement of the monument or foundation as it faces the grave—measuring from the head of the grave to the foot of the grave.  
*Height* = Measuring vertically from the lowest point of the monument or foundation to the highest point of the monument or foundation.

Name and Address of Owner or Individual Purchasing Monument: \_\_\_\_\_  
 (Name)

\_\_\_\_\_  
 (Address) (City/State/Zip)

Installation Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_

*By signing below the installation company agrees to comply with all current regulations regarding placement of a monument in the Mt. Hope Cemetery, as outlined in the City of Baker City's Monument Placement Policy.*

\_\_\_\_\_  
 Signature

For office use only: PC # \_\_\_\_\_ Grave Dimensions \_\_\_\_\_ Permit No. \_\_\_\_\_

Date Received: \_\_\_\_\_ Approved: \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Staked by/Date: \_\_\_\_\_

Date Inspected: \_\_\_\_\_ Approved: \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

Notes: \_\_\_\_\_

**PLEASE BE ADVISED:** The City of Baker City requires that this permit be submitted and approved prior to any work commencing on monuments within the cemetery. If applicable, the fee for this permit is currently \$57 and may be modified by resolution at the beginning of each fiscal year - July 1<sup>st</sup> of each year. Please contact City Hall if you have any questions (541) 524-2063.