



CITY OF BAKER CITY, OREGON MONUMENT PERMIT APPLICATION

MAIL TO: P.O. BOX 650, BAKER CITY, OR 97814

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 | <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) |

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

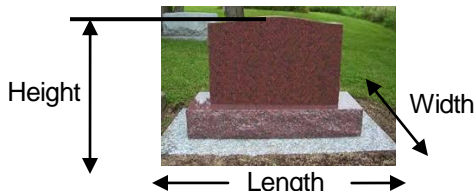
Monument Material: Bronze Granite Marble Other: _____

Other Items Included on/with Monument: Vase Picture Other: _____

Monument Dimensions:

Monument Length: _____ Monument Width: _____ Monument Height: _____

Foundation Length: _____ Foundation Width: _____ Foundation Height: _____



Note: If the monument is in flat-restricted area or is the 2nd headstone at the grave, the monument cannot protrude more than 3/4" above ground level.

Length = The measurement of the monument or foundation as it faces the grave—measuring left to right.

Width = 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 Dim. _____

Date Received: _____ Approved: _____ Yes _____ No _____ Staked by/Date: _____

Date Inspected: _____ Approved: _____ Yes _____ No _____ Permit 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 \$52 and may be modified by resolution at the beginning of each fiscal year - July 1st of each year. Please contact City Hall if you have any questions (541) 524-2063.