

**ST. CATHERINE CEMETERY FORM SCC-002
APPLICATION FOR NON-COMPLIANT PLANTINGS**

Family Name on Monument_____

Requested by_____

*Lot Number_____ *Section_____

*Monument Size_____ Monument has Foot Marker yes__ no__

Type of Planting_____

Perennial_____ Annual_____

Projected Size of Planting

Height_____

Width/Diameter_____

Source of Information_____

Location of Planting with Respect to Monument

Front_____ Back_____ Side_____

Dimension of Proposed Planting Bed

Length_____ Width_____

Approved_____ Rejected_____

Person Requesting Exception

Signature

_____Date_____

I understand and will comply with St. Catherine Cemetery Regulations except as defined by this application. No work shall begin before this application is approved by an authorized Cemetery Official.

Cemetery Official's Signature_____

Date_____

*For Cemetery Use