Public Memorial or Monument APPLICATION FORM



Important information: Read before completing application form

An application will not be assessed until <u>all</u> required information is provided, including evidence of community support and/ or a letter of support from the family. Each application is assessed on:

- **compliance with Council's Memorial and Monument Policy** (available to view on our website)
- community support
- site suitability
- safety implications
- evidence of costings for the entire project.

Note: Not all applications will be approved.

Longreach Regional Council recognises the importance of memorials in celebrating our region's history, culture, environment, people, organisations and events.

In order to manage the high number of requests received every year, Council assesses requests based on the significance of the person/event to the community in which the memorial is to be located.

Not all applications are successful.

ease tick the box to confirm you have read and understood:	Public Memorials and Monument Policy	
Please tick the box to confirm you have read and understood:	Public Memorials and Monument Guidelines	
Where an item is not relevant, ensure the box is marked.		

1. Applicant* details				
* The person, group or organisation applying an individual, group or representative of a				nisation. The applicant may be
Surname:				
Given names:				
Postal address:				
Suburb:		State:		Postcode:
Business phone:	After hours pho	ne:	Mobile	
Email address:				
Preferred method of contact for correspor	ndence:	Email		Post

2. Memorial details						
	Standard Plaque only Park furniture + plaque Commemorative tree + plaque		Non-standard (r	olease note Q5 must be completed)		
Type of memorial:			(Any other form of m	(Any other form of memorial or monument outside of listed standard items)		
Memorial is for:	Person	Event	Organisation	Other (provide details):		
Name:						
Relationship of applicant to commemoration:						



3. Location details of proposed or existing Memorial			
Park/street address:	S	uburb:	
Specific location: Other or specific identifiers of the location:			
Is a site plan with specific location attached to this application?	Yes		No
4. Suitability requirements	'		
Please detail the reason for the public memorial request. Please describe and a significance of the subject, person or event to the location. Please refer to the more information on significance. (You may provide additional written material as a Describe the history of the person/organisation/event as relative to the approvide the level of contribution made by the nominated person/organisation. Were the services to the community on a paid or volunteer basis? Note: Council may request further information or evidence be provided prior to	Public Memorian A4 docume pplication loo on/event to	orials and Morent if requiring cation.	nument Policy, for more space).
Detail of contribution made by person/event/organisation to the community	y:		



Were their services paid or voluntary?	Paid Voluntary	Provide details:
Is evidence of community support attached?	Yes No	Provide details:
Does the family consent to memorial? Only required if applicant is not family member	Yes No	Provide family member name, relationship and contact number: Note: a letter of support from family member is required for persons!
Are you aware of any public safety implications the memorial may cause?	Yes No	Provide details:
Is memorial non-standard? Includes objects, artefacts, sculptures, landscape features, and restoration of existing memorial	Yes No	Provide details of dimensions, materials and artists name and contact information: Note: Concept design details, photos, models and any engineer reports are required
Detail impact of memorial and proposed location:	describe how i	t will be designed, created and placed in a manner that will be suitable for

proposed location:



5. Further Information for Non-standa What type of memorial item is being requirements NOTE: If this section is completed, the applications of requirements and restorations (attach a mainter of repairs attach a mainter of rep	rnance plan if required	ONLY COMPLETE	IF APPLIC	
What are the memorial specifics? Please	attach photos and / o	or drawings if availab	le.	
Height:		Length:		
Width:		Total ground area:		
What material is the memorial constructe	ed from?	3		
Does the memorial require a structural enfurther information.)	ngineer's report? If '\	es', please attach the	report. (Pl	ease refer to guidelines for
Memorial designer/artist details Note: If an artist/designer is involved, the me	emorial must adhere t	o Council's Public Art P	olicy.	
Surname:		Given names:		
Organisation:		ABN (if applicable):		
Postal address:				
Suburb:		State:		Postcode:
Business phone:	After hours phone:		Mobile:	
Email address:		Website:		
Public safety issues - Are you aware of ar	y potential safety iss	ues in your proposal	?	
The proposal has no public safety implied the proposal may affect public safety.	ications.			



Impacts of the memorial: Pease describe how suitable for the proposed location.	the memorial will be designed, created and pla	ced in a manner that will be
Memorial maintenance and repair: Please attaincluding cleaning requirements and likely long	ach a detailed maintenance plan developed by t g term costs for repairs or restoration.	the artist or conservator,
Costs of construction: Please itemics costs and	attack any quates received	
Costs of construction: Please itemise costs and a	Company providing service	Cost
item	Company providing service	COSL
	TOTAL	
	TOTAL	
6. Checklist (please tick)		
I have responded to all relevant sections of the	application form	
I have attached a map identifying the preferred	· ·	
I have attached evidence of community support I have attached letter of support from a family r		
Non-standard memorial items	member in applicable.	
I have attached a concept design including detail	ed plans and engineer's report), models and/or photo	graphs of the proposed memorial.
I have attached a detailed maintenance plan.		
7. Declaration		
conditions of this application. If my request is	oplication is true and correct. I have read and ur approved, I agree to comply with the Public Mer full payment for the works is received by Coun	morials and Monument Policy.
Name:	Signature:	Date:
Lodgement of application to: Director of Community Services Longreach Regional Council PO Box 144, Ilfracombe, Qld 4727 Or Email to – assist@longreach.gld.go.au		
or Email to - assisterongreachtquago.du		

OFFICE USE ONLY						
Application no.	Amount paid	Date paid	Receipt no.	Initial	Date stamp	
	_		-		_	