



City of McDonough

CEMETERY EXCAVATION APPLICATION AND PERMIT

MAYOR
Billy Copeland
COUNCIL MEMBERS
Rufus Amis
Monta Brown
Gail Notti
D. Wayne Smith
Rufus Stewart
Sandra Vincent
CITY CLERK
Janis E. Price
CITY ADMINISTRATOR
Billy Beckett

DATE: _____

NAME: _____

ADDRESS: _____

CITY BUSINESS LICENSE NO: _____

PHONE NUMBER: _____

NAME OF DECEASED: _____

LOCATION (INCLUDE LOT #, BLOCK, OWNER'S NAME)

DATE OF EXCAVATION: _____

EXCAVATION FEE.....\$100.00

The applicant shall be responsible from the date of this permit, or from the time of the beginning of the first work, whichever shall be the earlier, for all injury or damage of any kind resulting from this work, whether for basic services or additional services, to persons or property. The applicant shall exonerate, indemnify and save harmless the City of McDonough from and against all claims or actions, and all expenses incidental to the defense of any such claims, litigation, and actions, based upon or arising out of damage or injury (including death) to persons or property caused by or sustained in connection with the performance of this permit or by conditions created thereby or arising out of or in any way connected with the acquisition of and construction under the permit and shall assume and pay for, without cost to the City of McDonough, the defense of any and all claims, litigations, and actions, suffered through any act or omission of the Applicant or Subcontractor, or anyone directly employed under the supervision of any of them.

I herby certify that I have examined and understand all information on this application and that the above statement and information supplied by me are true and correct. All provisions of laws and ordinances governing work to be performed shall be complied with whether specified herein or not.

APPLICANTS SIGNATURE _____