City of Louisville

PARKS AND RECREATION

Concrete Vault Permit

Name of Mortuary: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

LOCATION OF PLOT(S): Block: ☐ Lot : ☐ Plot: ☐

Burial Date: Month: ☐ Day: ☐ Year: ☐

In consideration of this application, **if approved**, the mortuary agrees to indemnify and hold harmless the City of Louisville, its officers, employees, agents, or servants, and to pay any and all judgments rendered against said persons on account of any suit, action, or claim caused by arising from, or on account of acts or omissions by the Licensee, his officers, employees, agents or servants, in connection with the use of the subject City property, and to pay to said persons their reasonable expenses, including but not limited to, reasonable attorney's fees and reasonable expert witness fees, incurred in defending any such suit, action, or claim.

The undersigned hereby assumes personal and individual liability for himself and on behalf of Licensee for any damages to said City property or equipment occurring through or during the occupancy or use of said property by Licensee. **The undersigned personally and individually and on behalf of the Licensee accepts liability for all necessary repairs to the property and/or repair or replacement of monuments in the event of damage. Any reclamation needing to be performed as a result of this activity will be the responsibility of the Licensee.**

Licensee covenants to use City property only for lawful purposes and in a lawful manner, in accordance with all applicable statutes, ordinances, rules and regulations.

_____ Date: _____

Printed Name of Party Responsible

_____ Date: _____

Signature of Party Responsible

NOTE: 24 HOUR NOTICE IS REQUIRED FOR PERMIT REVIEW

RETURN COMPLETED FORM TO Parks, Recreation & Open Space, 717 Main Street, Louisville, Colorado 80027, 303-335-4735 Phone, 303-335-4738 FAX or email to parksandrec@louisvilleco.gov

FOR OFFICE USE ONLY:

APPLICATION: **APPROVED:** ☐ **NOT APPROVED:** ☐

For Approval: _____ _____

Signature of Authorized City of Louisville Representative *Date*

Follow-up Inspection: _____ _____

Signature