



ARKANSAS INSURANCE DEPARTMENT
FUNERAL SERVICES DIVISION | EMBALMERS & FUNERAL DIRECTORS

APPLICATION FOR PERMIT TO CONSTRUCT CREMATORIUM

A.C.A. § 17-29-313 Permit required – Crematorium construction – Operation of crematorium. [Effective July 1, 2018]

- (a)
- (1) A crematorium shall not be constructed in this state without a permit issued by the State Board of Embalmers, Funeral Directors, Cemeteries, and Burial Services.
 - (2) In order to receive a permit to construct a crematorium, a person shall:
 - (A)
 - (i) Publish a notice in a newspaper of general circulation in the county where the crematorium is proposed to be constructed stating that the applicant intends to construct a crematorium at a designated location.
 - (ii) The notice shall:
 - (a) Be published on the Sunday and Wednesday no more than fifteen (15) days nor less than seven (7) days before submitting an application to the board; and
 - (b) Invite members of the public to submit written protest to the construction of the proposed crematorium to the board at the address designated by the board; and
 - (B)
 - (i) Submit an application to the board for a permit to construct a crematorium.
 - (ii) The application for a permit to construct a crematorium shall include:
 - (a) Proof of publication of the notice required under subdivision (a)(2)(A) of this section;
 - (b) A copy of the permit issued by the Arkansas Department of Environmental Quality under § 8-4-203 to construct the crematorium; and
 - (c) The fee as prescribed in § 17-29-208.

QUESTIONNAIRE:

- Have you applied for a permit from the AR Dept. of Environmental Quality (ADEQ)? ☐ YES ☐ NO
If "YES," please provide supporting documentation.
- How many cremations do you anticipate doing in a calendar year? (Best Estimate) _____
- Has there been a public hearing/meeting in the city or county in which the proposed crematorium is to be located? ☐ YES ☐ NO
If "YES," please provide a copy of the meeting minutes or proof of that meeting.
- Has the property been zoned as commercial or industrial? ☐ YES ☐ NO
If "YES," please provide supporting documentation.
- What crematory model will be used? (Describe.) _____
Manufacturer of unit: _____
☐ New Unit ☐ Refurbished Unit Fuel Type: ☐ Natural Gas ☐ Propane

Specific Project Address: _____

Legal Description: (Please enclose a copy with this application.)

Lot: _____ Block: _____ Subdivision: _____

Owner: _____ Telephone: _____ Fax: _____

Address: _____ E-Mail: _____

Has the applicant performed his/her due diligence by informing the public about the crematory? If so, please provide documentation of the notification. Please describe below how the notification was provided and how it was "received" by the public:

I hereby certify that the information provided on this application and attached thereto is true and correct. Any deviation from the information contained herein, unless approved by the State Board of Embalmers, Funeral Directors, Cemeteries, and Burial Services, will render this permit "null and void."

Signature of Crematory Owner or Authorized Agent _____

Date _____

Return Completed Application To: Arkansas Department of Commerce
Arkansas Insurance Department | Funeral Services Division
1 Commerce Way, Suite 502 | Little Rock, AR 72202-2087
Phone (501) 682-0574 | Fax (501) 682-0575
E-Mail: AID.EFD@arkansas.gov

OFFICE USE ONLY

Permit No: _____

Issued By: _____

Date: _____

Application Fee: N/A