Arkansas State Board of Embalmers & Funeral Directors

101 East Capitol, Suite 113
Little Rock, AR 72201
Www.arkansas.gov/fdemb

Phone: 501-682-0574
Fax: 501-682-0575
E-mail:
Amy.goode@arkansas.gov

17-29-313. Permit required for crematorium construction.

(a) No crematoriums shall be constructed in this state without a permit issued by the State Board of Embalmers and Funeral Directors.

(b) (1) Upon receiving an application for the construction of a crematorium, the board shall cause to be published in a newspaper having general circulation within the county wherein the crematorium is proposed to be constructed a notice of the date and time of a public hearing on the application.

(2) The notice must be published no more than two (2) weeks nor less than one (1) week prior to the public hearing.

(3) The owners of property located within two hundred fifty feet (250') of the proposed site of the crematorium shall be notified by the board by registered mail.

(4) The public hearing shall be held in the city or county wherein the proposed crematorium is to be located.

HISTORY: Acts 1993, No. 365, § 1.

Application for Crematory Permit

Official Use Only
Permit No_____
Issued by _____
Application fee $__0.00_____
Check or money should be enclosed

Have you applied for a permit from ADEQ? _____ If so, please provide documentation.
How many cremations do you expect to do a year? _____
Have you had a public hearing or meeting in the city or county where the proposed crematorium is to be located? _____ If so, please provide minutes and proof that meeting.
Has the property been zoned commercial or industrial? _____ If so, please provide proof.
What crematory model will be used _____
Manufacturer of Unit _____
New or refurbished unit_____
Natural gas or propane_____

Project Address _____

Legal Description: Lot_____ Block _____ Subdivision _____
(please enclose copy)
Owner_____ Telephone _____Fax_____

Address_____Email_____

Has applicant performed due diligence by informing the public about the crematory? If so, please provide the information provided. How was it provided and how was it perceived? Please describe and/or attach the information

_____

_____

_____

_____

I hereby certify that the data submitted on or with this application is true and correct. Any deviation from information contained hereon unless approved by the Arkansas State Board of Embalmers & Funeral Directors will render this permit null and void.

_____ _____
Signature of Crematory Owner or Agent Date