

PERMIT APPLICATION FORM /AUTHORIZATION CERTIFICATE

APPLICANT IDENTIFICATION		
Date requested:		
1-Applicant's name :	1-Applicant's first name :	
Address:	City and postal code:	
Phone:	Cel phone :	
2-Applicant's name:	2-Applicant's first name :	
Address:	City and postal code :	
Phone:	Cell phone :	
Email:	Email:	
If the applicant does not own the building, a pov	wer of attorney must be attached to the application.	
If you have owned the property for less than 6 months, please provide the date and registration number of your notarized deed of sale to the registry office as well as a copy of the document.		
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LOCATION		
Address:		
Roll No.:	Lot number :	
Zone:	Permitted uses :	
WORK TYPE		
Construction	Septic installation	
Secondary building Sign	Well	
Agricultural building Pool	Dock	
Modification	Demolition	
Description of the work:		
WORK SPECIFICATIONS		
Building dimensions:	Building height :	
Exterior finish:	Roofing material :	
Interior finish :	Floor type :	
Foundation :	Others:	
Margins/Distances		

Front line :	Distance from other building :	
Back line :	Protected margin:	
Right property line :	From the street right-of-way:	
Left property line :	Others:	
Specifications:		
Sketch mandatory		
Road or street name:		
DEDEODMED OF THE WORKS		
Owner / Contractor:		
Address:	Phone :	
RBQ No. :	Work value :	
I declare that all of the above information is correct and that I undertake to transmit any other information necessary for the proper progress of my application as well as anything that may be relevant to my file. In the event of a lack of cooperation on the part of the applicant, this request will be considered null and void.		
Applicant's signature :	Date :	
Name in block letters :		
Reserved for the municipality		
Request: Approved Refused Reason for refusal:		
Inspector's signature:	Date :	