



Municipalité de  
Sainte-Thérèse-de-la-Gatineau

*viens voir!*

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 :	
<p>If the applicant does not own the building, a power of attorney must be attached to the application.</p> <p>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.</p>		
LOCATION		
Address :		
Roll No. :	Lot number :	
Zone:	Permitted uses :	
WORK TYPE		
Construction <input type="checkbox"/>	Renovation <input type="checkbox"/>	Septic installation <input type="checkbox"/>
Secondary building <input type="checkbox"/>	Sign <input type="checkbox"/>	Well <input type="checkbox"/>
Agricultural building <input type="checkbox"/>	Pool <input type="checkbox"/>	Dock <input type="checkbox"/>
Modification <input type="checkbox"/>	Fence <input type="checkbox"/>	Demolition <input type="checkbox"/>
<b>Description of the work :</b>		
WORK SPECIFICATIONS		
Building dimensions :	Building height :	
Exterior finish :	Roofing material :	
Interior finish :	Floor type :	
Foundation :	Others :	
Margins/Distances		

