



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 :	Cell 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"/>
Trailer authorization certificate 7 days - <input type="checkbox"/>	Trailer authorization certificate 8 days + <input type="checkbox"/>	Bridge or culvert <input type="checkbox"/>

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 (If applicable)

Road or street name: _____

PERFORMER 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 <input type="checkbox"/> Refused <input type="checkbox"/> Reason for refusal :
Inspector's signature: _____ Date :