

**Permit Request**

Request started on:	<input type="text"/>	Request Completed on:	<input type="text"/>	Req. No	<input type="text"/>
Entered by:	<input type="text"/>				
Permit Type:	<b>Nouvelle construction résidentielle/ New residential c</b>				
Nature:	<input type="text"/>				

**Identification**

<b>Owner</b>	<b>Applicant</b>
Name: <input type="text"/>	Name: <input type="text"/>
Address: <input type="text"/>	Address: <input type="text"/>
City: <input type="text"/>	City: <input type="text"/>
Postal Code: <input type="text"/>	Postal Code: <input type="text"/>
Phone: <input type="text"/>	Phone: <input type="text"/>

**Location**

Roll No.: <input type="text"/>	Use Code: <input type="text"/>
Address: <input type="text"/>	Projected Use Code: <input type="text"/>
Zone: <input type="text"/>	Frontage: <input type="text"/>
Distinct P. of Land: <input type="checkbox"/>	Depth: <input type="text"/>
	Area: <input type="text"/>
	Number of Dwelling Units: <input type="text"/>
	Year of Construction: <input type="text"/>
Zoning Code: <input type="text"/>	Number of Stories: <input type="text"/>
Inspection Sector: <input type="text"/>	Floor Area m <sup>2</sup> : <input type="text"/>
Service: <input type="text"/>	Number of Affected Units: <input type="text"/>
Cadastre: <input type="text"/>	

**Work**

<b>Performer of the works</b>	<b>Responsible Person</b>
Name: <input type="text"/>	Name: <input type="text"/>
Address: <input type="text"/>	Phone: <input type="text"/>
City: <input type="text"/>	
Postal Code: <input type="text"/>	
Phone: <input type="text"/>	Work Starting Date: <input type="text"/>
Fax: <input type="text"/>	Work Completion Target Date: <input type="text"/>
RBQ No.: <input type="text"/>	Completion Date: <input type="text"/>
NEQ No.: <input type="text"/>	Work Value: <input type="text"/>

**Nouvelle construction résidentielle/ New residential construction**

**Project**  
 Construction                       Enlargement                       Transformation

**Dwelling Units**  
 Dwelling Units Created:                       Dwelling Units Removed:

	Existing	Projected	
Main building:	<input type="text"/>	<input type="text"/>	<b>Number of Bedrooms</b> Existing: <input type="text"/>
Connected secondary building:	<input type="text"/>	<input type="text"/>	
Gross Area:	<input type="text"/>	<input type="text"/>	
Surface of floors:	<input type="text"/>	<input type="text"/>	
Total Area: (Floor area)	<input type="text"/>	<input type="text"/>	

**Buiding Dimensions**

Façade: <input type="text"/>	Back: <input type="text"/>
Left Side: <input type="text"/>	Right Side: <input type="text"/>

**Height**

Building: <input type="text"/>	Basement: <input type="text"/>
First Floor: <input type="text"/>	Basement (above ground-level): <input type="text"/>
Stories: <input type="text"/>	
Number of Stories: <input type="text"/>	

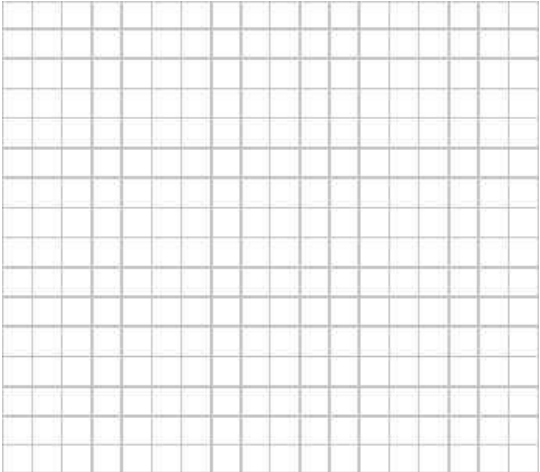
**Reference**

Blueprint No.:

Prepared by:

	Prepared by	Blueprint No.	Date
Architect:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Establishment	<input type="text"/>	<input type="text"/>	<input type="text"/>
Engineer:	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Location (distance)**

Front: <input type="text"/>	
Back: <input type="text"/>	
Right Side: <input type="text"/>	
Left Side: <input type="text"/>	
Drainfield: <input type="text"/>	
Septic Tank: <input type="text"/>	

Floor space Index ratio: <input type="text"/>	
Land coverage ratio: <input type="text"/>	
Floor / Land ratio: <input type="text"/>	

Land is adjacent to public or private road that complies with subdivision by-laws:

**Nouvelle construction résidentielle/ New residential construction**

**Number of Exits**

First Floor:	<input type="text"/>
Basement:	<input type="text"/>
Stories:	<input type="text"/>

**Footing**

Depth:	<input type="text"/>
Width:	<input type="text"/>
Thickness:	<input type="text"/>

Foundation:	<input type="text"/>
Windows in Foundation:	<input type="text"/>
Type of roof:	<input type="text"/>
Slope of the roof:	<input type="text"/>

Firewall:	<input type="text"/>	Smoke Detector:	<input type="text"/>	Carbon Monoxide Det.:	<input type="text"/>
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**Joist**

Dimension	Span	Distance	Cross
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**External Walls**

Dimension	Distance
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

**Supporting Walls**

Dimension	Distance
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

**Non-Supporting Walls**

Dimension	Distance
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

**Interior Finish**

	Floor	Ceiling	Walls
Basement:	<input type="text"/>	<input type="text"/>	<input type="text"/>
First Floor	<input type="text"/>	<input type="text"/>	<input type="text"/>
Stories:	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Exterior Finish**

Façade:	<input type="text"/>
Roof:	<input type="text"/>
Sides:	<input type="text"/>
Back:	<input type="text"/>
Color:	<input type="text"/>

**Parking**

Int. Parking Spaces	<input type="text"/>
Ext. Parking Spaces	<input type="text"/>
Location:	<input type="text"/>
Exemption:	<input type="text"/>

**Chimney**

Material	Height at top of the roof	Location
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Fireplace and Wood-Burning Stove**

Material	Fuel
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

**Balcony, Patio, Gallerey, Awning**

Type	Size	Coverage	Location
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Plumbing**

Water System:	<input type="text"/>
Sewer:	<input type="text"/>
Check Valve:	<input type="text"/>

**Equipment of heating**

<input type="text"/>
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Required Documents	Receipt	Receipt Date
Plan de construction détaillé	<input type="checkbox"/>	
Plan implantation, cadastre	<input type="checkbox"/>	

**Work Description**

**Applicant's Signature**

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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