Muncipalité de Canton de Low Urbanisme 4A chemin D'Amour

Low J0X 2C0

Phone:(819) 422-3528 Fax:(819) 422-3796

## Permit Request

Request started on: Entered by:	Request Completed on:		Req. No	
Permit Type:	Piscine/ Swimming pool/spa		<u> </u>	
Nature:				
Identification				
Owner		Applicant		
Name:		Name:		
Address:		Address:		
City:		City:		
Postal Code:		Postal Code:		
Phone:		Phone:		
Location				
Roll No.:		Us	e Code:	
Address:		Pr	ojected Use Cod	e:
Zone:		Fr	ontage:	
Distinct P. of Land:	П	De	epth:	
		Ar	ea:	
		Nι	ımber of Dwelling	g Units:
			ar of Constructio	
Zoning Code:			imber of Stories:	
Inspection Sector:			oor Area m²:	
Service:		N	imber of Affected	Units:
Cadastre:				
Work				
Performer of the wor	ks	Responsible Person	on	
Name:		Name:		
Address:		Phone:		
City:				
Postal Code:				
Phone:		Work Starting D	ate:	
Fax:		Work Completic		
		Completion Dat	•	
RBQ No.:			<del>-</del> -	
NEQ No.:		Work Value:		

Pool / Spa		Wall Type:											
Type:		Inside a Shelter:											
Size: Diameter: Height: Depth:		Filter: Presence of a Heat Pump: Right side yard:											
							Capacity:		Left side yard:				
							Other:		Back yard:	ard:			
									Other:				
Installation (Distance)													
Right-of-Way:													
Side1:													
Side 2:													
Back:													
Building:													
Drainfield:													
Septic Tank:													
Other property:													
Between filter and pool:													
Distance other property enclos													
Heat pump:													
Fence / enclosure		Safety											
_	Safety Items:												
Fence:	Cover:												
Fence Height:  Material:  Access to the pool													
Material:	Ladder with a door security:												
Vertical Clearance:	Ladder protected by an enclosure:												
Tierizeritai eleararios.			Platform protected by an enclosure:										
Dist. Detween Ground/1 erice.			attached to the residence where										
			the party opening the pool is protected by										
		an enclosure:											
Shelter Automatic Latch: Doors Automa			atic Latch:										
			cking Dev										
Jen-Locking Device.		OCH EO	Citing DCV										
Required Documents			Receipt	Receipt Date									
Plan de construction détaillé													
Plan implantation, cadastre													

Work Description	
Applicant's Signature	
Applicant's Signature:	Date: