

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:	Bâtiment accessoire/ Accessory building				
Nature:	<input type="text"/>				

Identification

Owner Name: <input type="text"/> Address: <input type="text"/> City: <input type="text"/> Postal Code: <input type="text"/> Phone: <input type="text"/>	Applicant Name: <input type="text"/> Address: <input type="text"/> City: <input type="text"/> Postal Code: <input type="text"/> Phone: <input type="text"/>
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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"/>
Zoning Code: <input type="text"/>	Year of Construction: <input type="text"/>
Inspection Sector: <input type="text"/>	Number of Stories: <input type="text"/>
Service: <input type="text"/>	Floor Area m ² : <input type="text"/>
Cadastre: <input type="text"/>	Number of Affected Units: <input type="text"/>

Work

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

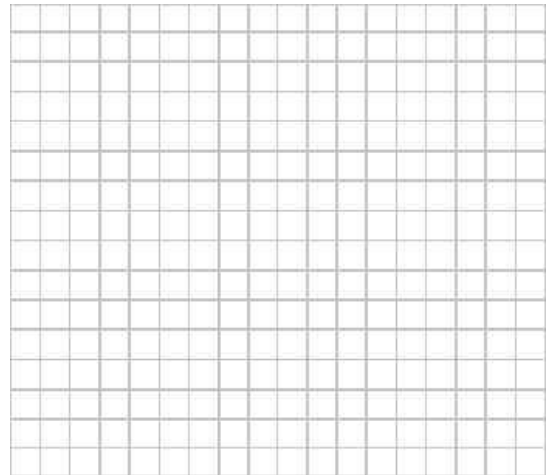
Construction
 Enlarging
 Renovation
 Movement

Building

Building type:
 Dimension: Existing Area:
 Height: Projected Area:

Establishment (distance)

Street:
 Side:
 Back:
 Main building:
 Drainfield:
 Septic tank:
 Other property:
 Location:
 Percentage occupied of the ground :
 Coverage ratio:

**Finishing**

Foundation:
 Interior Finish:
 Exterior finish:
 Color:
 Roof type:
 Finish of the roof::

Required Documents	Receipt	Receipt Date
Plan de construction détaillé	<input type="checkbox"/>	
Plan de localisation	<input type="checkbox"/>	

Work Description

Applicant's Signature

Applicant's Signature: _____ Date: _____