| | Muncipalité de Cantor Urbanisme 4A chemin D'Amour | | | | PERMIT FORM | | | | |
|----------------------|---|-----------------------------|--------------|--|----------------|--|--|--|--|
| | Low J0X 2C0 | Phone:(819) Fax:(819) 42 | | | Permit Request | | | | |
| | | | | | | | | | |
| Request started on: | | Request Complete | d on: | Req. No | | | | | |
| Entered by: | | | | | | | | | |
| Permit Type: | Galerie/ Gallery | /terrasse | | | | | | | |
| Nature: | | | | | | | | | |
| Identification | | | | | | | | | |
| Owner | | | Applicant | | | | | | |
| Name: | | | Name: | | | | | | |
| Address: | | | Address: | | | | | | |
| City: | | | City: | | | | | | |
| Postal Code: | | | Postal Code: | | | | | | |
| Phone: | | | Phone: | | | | | | |
| | |) | | | | | | | |
| Location | | | | | | | | | |
| Roll No.: | | | | Use Code: | | | | | |
| Address: | | | | Projected Use Code | ə: | | | | |
| Zone: | | | | Frontage: | | | | | |
| Distinct P. of Land: | | | | Depth: | | | | | |
| | | | | Area: | | | | | |
| | | | | Number of Dwelling Year of Construction | | | | | |
| Zoning Code: | | | | Number of Stories: | | | | | |
| Inspection Sector: | | _ | | Floor Area m ² : | | | | | |
| Service: | | | | Number of Affected | Units: | | | | |
| Cadastre: | | | | | | | | | |
| | | | | | | | | | |
| Work | | | 6 | | | | | | |
| Performer of the wo | rks | | Responsible | Person | | | | | |
| Name: | | | Name: | | | | | | |
| Address: | | | Phone: | | _ | | | | |
| City: | | | | | | | | | |
| Postal Code: | | | | | | | | | |
| Phone: | | | Work Sta | rting Date: | | | | | |
| Fax: | | | | mpletion Target Date: | | | | | |
| RBQ No.: | | | Completio | on Date: | | | | | |
| NEQ No.: | | | Work Val | ue: | | | | | |
| | | | | | | | | | |

| Dimension: | | Height: | | | | | | | | | | | | |
|------------------------|--|---------|---|---|-----------|---|---|---|---|-----|---|------|---|--|
| tablishment (distance) | | | | | | | | | | | | | | |
| Line of lot in front | | | | | | | | | | | | | | |
| Side | | _ | - | _ | | _ | | _ | _ | | 1 | | | |
| Back: | | | | | - | | | - | | | | | | |
| Building: | | | | | | | | | | | | | | |
| Drainfield: | | | | | | | | | | | | | | |
| Septic Tank: | | | | | | | | _ | | | - | | | |
| | | - | | | - | _ | | + | - | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | \square | | | | | i T | | 1 | | |
| | | | | | | | | | | | | | | |
| | | | _ | | \square | | | _ | | | _ | | _ | |
| | | | | - | | | - | - | - | | - | | | |
| | | | - | - | | | - | - | | | | | - | |

| Required Documents | Receipt | Receipt Date |
|-------------------------------|---------|--------------|
| Plan de construction détaillé | | |
| Plan implantation, cadastre | | |
| Work Description | | |
| | | |
| | | |

Applicant's Signature

Applicant's Signature:

Date: