



Municipalité de Canton de Low
Urbanisme
4A chemin D'Amour
Low
J0X 2C0

Phone: (819) 422-3528
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PERMIT FORM

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:	Rénovation/ Renovation				
Nature:	<input type="text"/>				

Identification

Owner	Applicant
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 ² : <input type="text"/>
Service: <input type="text"/>	Number of Affected Units: <input type="text"/>
Cadastre: <input type="text"/>	

Work

Performer of the works	Responsible Person
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"/>

Rénovation/ Renovation

Interior Renovation Exterior Renovation

Dwelling Units Created:

Dwelling Units Removed:

Change in the number of dwelling units:

Change in the use of the building:

Change in the number of bedrooms:

Before:

After:

Level

Basement

First Floor

Storey

Other:

Room

Living Room

Kitchen

Bathroom

Laundry Room

Bedroom

Office

Workplace

Recreating Room

Other:

Elements affected by the work

Gallery

Fence

Exterior Covering

Retaining Wall

Accessory Building

Insulation

Plumbing

Interior Covering

Foundation Wall

Roof

Electricity

Door

Floor Covering

Window

Number of Windows

Other:

Required Documents	Receipt	Receipt Date
Description des travaux	<input type="checkbox"/>	
Plan détaillé	<input type="checkbox"/>	

Work Description

Applicant's Signature

Applicant's Signature: _____ Date: _____
