



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:	Quai/ Dock				
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"/>

Quai/ Dock

Dimension:

Height:

Establishment (distance)

Line of lot in front

Side

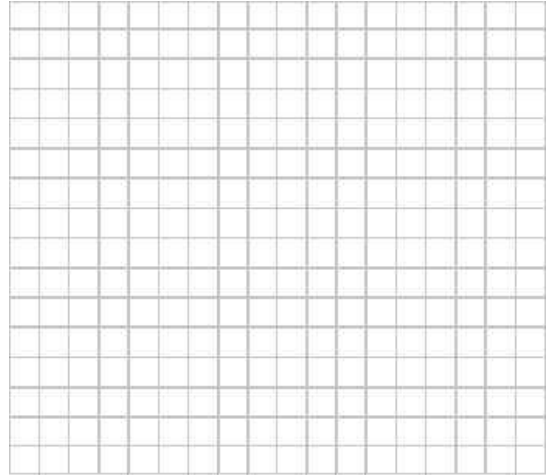
Back:

Building:

Drainfield:

Septic Tank:

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



Work Description

Large empty rectangular area for describing the work.

Applicant's Signature

Applicant's Signature: _____ Date: _____