



Permit Request

Request started on: _____ Request Completed on: _____ Req. No

Entered by: _____

Permit Type: **Residential building - Addition**

Nature: _____

Identification

Owner	Applicant
Name: _____	Name: _____
Address: _____	Address: _____
City: _____	City: _____
Postal Code: _____	Postal Code: _____
Phone: _____	Phone: _____
	Email: _____

Location

Roll No.: _____	Use Code: _____
Address: _____	Projected Use Code: _____
Zone: _____	Frontage: _____
Distinct P. of Land: <input type="checkbox"/>	Depth: _____
	Area: _____
	Number of Dwelling Units: _____
Zoning Code: _____	Year of Construction: _____
Inspection Sector: _____	Number of Stories: _____
Service: _____	Floor Area m ² : _____
Cadastre: _____	Number of Affected Units: _____

Work

Project undertaker	Project manager
Name: _____	Name: _____
Address: _____	Phone: _____
City: _____	
Postal Code: _____	
Phone: _____	Work Starting Date: _____
Fax: _____	Work Completion Target Date: _____
RBQ No.: _____	Completion Date: _____
NEQ No.: _____	Work Value: _____

Residential building - Addition

Project
 Construction Enlargement Transformation

Dwelling Units
Dwelling Units Created: Dwelling Units Removed:

Building Area	Existing	Projected	Number of Bedrooms	
	Main building:	<input type="text"/>	<input type="text"/>	Existing: <input type="text"/>
Connected secondary building:	<input type="text"/>	<input type="text"/>	Future: <input type="text"/>	<input type="text"/>
Gross Area:	<input type="text"/>	<input type="text"/>		
Surface of floors:	<input type="text"/>	<input type="text"/>		
Total Area: (Floor area)	<input type="text"/>	<input type="text"/>		

Buiding Dimensions

Façade:	<input type="text"/>	Back:	<input type="text"/>
Left Side:	<input type="text"/>	Right Side:	<input type="text"/>

Height

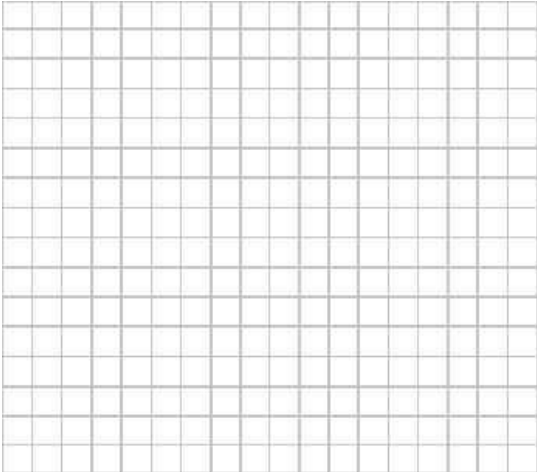
Building:	<input type="text"/>	Basement:	<input type="text"/>
First Floor:	<input type="text"/>	Basement (above ground-level):	<input type="text"/>
Stories:	<input type="text"/>		
Number of Stories:	<input type="text"/>		

Reference

Blueprint No.:
Prepared by:

	Prepared by	Blueprint No.	Date
Architect:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Establishment:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Engineer:	<input type="text"/>	<input type="text"/>	<input type="text"/>

Location (distance from property limit)

Front:	<input type="text"/>	
Back:	<input type="text"/>	
Right Side:	<input type="text"/>	
Left Side:	<input type="text"/>	
Drainfield:	<input type="text"/>	
Septic Tank:	<input type="text"/>	

Floor space Index ratio:	<input type="text"/>
Land coverage ratio:	<input type="text"/>
Floor / Land ratio:	<input type="text"/>

Land is adjacent to public or private road that complies with subdivision by-laws:

Residential building - Addition

Number of Exits

First Floor:

Basement:

Stories:

Footing

Depth:

Width:

Thickness:

Foundation:

Windows in Foundation:

Type of roof:

Slope of the roof:

Firewall: Smoke Detector: Carbon Monoxide Det.:

Joist

Dimension	Span	Distance	Cross
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

External Walls

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

Supporting Walls

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

Non-Supporting Walls

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

Interior Finish

	Floor	Ceiling	Walls
Basement:	<input type="text"/>	<input type="text"/>	<input type="text"/>
First Floor	<input type="text"/>	<input type="text"/>	<input type="text"/>
Stories:	<input type="text"/>	<input type="text"/>	<input type="text"/>

Exterior Finish

Façade:

Roof:

Sides:

Back:

Color:

Parking

Int. Parking Spaces

Ext. Parking Spaces

Location:

Exemption:

Chimney

Material	Height at top of the roof	Location
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Fireplace and Wood-Burning Stove

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

Balcony, Patio, Gallerey, Awning

Type	Size	Coverage	Location
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Plumbing

Water System:

Sewer:

Check Valve:

Equipment of heating

Required Documents	Submitted	Submitted on
Proof of ownership	<input type="checkbox"/>	
Procuration if applicant is not the owner	<input type="checkbox"/>	
Well permit application	<input type="checkbox"/>	
Septic system permit application	<input type="checkbox"/>	
Septic system report by a Quebec technologist or engineer	<input type="checkbox"/>	
Layout plan from a Quebec land surveyor	<input type="checkbox"/>	
Copy of the contract between the owner and the surveyor	<input type="checkbox"/>	
Construction plan stamped by a Quebec architectural technologist	<input type="checkbox"/>	
Geotechnical report by a Quebec engineer <i>if required</i>	<input type="checkbox"/>	
Characterisation report by a Quebec biologist <i>if required</i>	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	

Work Description

Applicant's Signature

Applicant's Signature: _____ Date: _____