



**Permit Request**

Request started on: \_\_\_\_\_ Request Completed on: \_\_\_\_\_ Req. No

Entered by: \_\_\_\_\_

Permit Type: **HOT TUB**

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: _____
Zone: _____	Frontage: _____
Distinct P. of Land: <input type="checkbox"/>	Depth: _____
	Area: _____
	Number of Dwelling Units: _____
	Year of Construction: _____
Zoning Code: _____	Number of Stories: _____
Inspection Sector: _____	Floor Area m <sup>2</sup> : _____
Service: _____	Number of Affected Units: _____
Cadastre: _____	

**Work**

Performer of the works	Responsible Person
Name: _____	Name: _____
Address: _____	Phone: _____
City: _____	
Postal Code: _____	
Phone: _____	Work Starting Date: _____
Fax: _____	Work Completion Target Date: _____
RBQ No.: _____	Completion Date: _____
NEQ No.: _____	Work Value: _____



Required Documents	Receipt	Receipt Date
Présence d'une terre humide	<input type="checkbox"/>	
Présence d'une zone de mouvement de masse	<input type="checkbox"/>	
Type de clôture et hauteur	<input type="checkbox"/>	

### Work Description

### Applicant's Signature

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_