



Permit Request

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

Entered by: _____

Permit Type: **Habitation unifamiliale isolée**

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 ² : _____
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: _____

Habitation unifamiliale isolée

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

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:

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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	Receipt	Receipt Date
Caut./Certificat de localisation	<input type="checkbox"/>	
Caut./Inspection finale.	<input type="checkbox"/>	
Contrat notarié pour droit de propriété	<input type="checkbox"/>	
Immeuble pour personnes âgées	<input type="checkbox"/>	
Lot distinct	<input type="checkbox"/>	
Mandat d'implantation par arpenteur-géomètre.	<input type="checkbox"/>	
Plan d'implantation par arpenteur-géomètre	<input type="checkbox"/>	
Plans de construction à l'échelle (2 copies)	<input type="checkbox"/>	
Présence d'un cours d'eau	<input type="checkbox"/>	
Présence d'une plaine inondable	<input type="checkbox"/>	
Présence d'une terre humide	<input type="checkbox"/>	
Présence d'une zone de mouvement de masse	<input type="checkbox"/>	
Rapport d'installation septique (2 copies)	<input type="checkbox"/>	

Work Description

Applicant's Signature

Applicant's Signature: _____ Date: _____