



Permit Request

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

Entered by: _____

Permit Type: **Préparation de site (résidentiel)**

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: _____

Préparation de site (résidentiel)**Reason for Felling**

- | | | |
|------------------------------------|---|--|
| <input type="checkbox"/> Dead | <input type="checkbox"/> Harmful | <input type="checkbox"/> Replacing with Another |
| <input type="checkbox"/> Sick | <input type="checkbox"/> Site Preparation for Soil Test | <input type="checkbox"/> Natural Cause(s) (Wind, Fire, Glaze Ice, Other) |
| <input type="checkbox"/> Dangerous | <input type="checkbox"/> Planned Construction | <input type="checkbox"/> Other |

Further Description(s)

Number of Trees : **Is/Are the tree(s) identified?**

Species :

Installation Features (Is/Are there any of the following on the lot or nearby?) :

- | | | | |
|---------------------------------|-------------------------------|----------------------------------|---|
| <input type="checkbox"/> Stream | <input type="checkbox"/> Lake | <input type="checkbox"/> Wetland | <input type="checkbox"/> Riparian Strip |
|---------------------------------|-------------------------------|----------------------------------|---|

Location of Tree(s)

- | | | | |
|-------------------------------------|---|--|------------------------------------|
| <input type="checkbox"/> Front Yard | <input type="checkbox"/> Left Side Yard | <input type="checkbox"/> Right Side Yard | <input type="checkbox"/> Back Yard |
|-------------------------------------|---|--|------------------------------------|

Requirement for Replacing Felled Tree

Requirement(s) :

Required Documents	Receipt	Receipt Date
Contrat notarié pour droit de propriété	<input type="checkbox"/>	
Coût estimé des travaux	<input type="checkbox"/>	
Diamètre du ponceau	<input type="checkbox"/>	
Plan d'implantation à l'échelle	<input type="checkbox"/>	
Présence d'un cours d'eau	<input type="checkbox"/>	
Présence d'une terre humide	<input type="checkbox"/>	
Présence d'une zone de mouvement de masse	<input type="checkbox"/>	

Work Description

[Empty box for Work Description]

Applicant's Signature

Applicant's Signature: _____ Date: _____