



Permit Request

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

Entered by: _____

Permit Type: **Dock**

Nature: _____

Identification

Owner

Name: _____

Address: _____

City: _____

Postal Code: _____

Phone: _____

Applicant

Name: _____

Address: _____

City: _____

Postal Code: _____

Phone: _____

Email: _____

Location

Roll No.: _____

Address: _____

Zone: _____

Distinct P. of Land:

Use Code: _____

Projected Use Code: _____

Frontage: _____

Depth: _____

Area: _____

Number of Dwelling Units: _____

Year of Construction: _____

Zoning Code: _____

Number of Stories: _____

Inspection Sector: _____

Floor Area m²: _____

Service: _____

Number of Affected Units: _____

Cadastre: _____

Work

Project undertaker

Name: _____

Address: _____

City: _____

Postal Code: _____

Phone: _____

Fax: _____

RBQ No.: _____

NEQ No.: _____

Project manager

Name: _____

Phone: _____

Work Starting Date: _____

Work Completion Target Date: _____

Completion Date: _____

Work Value: _____

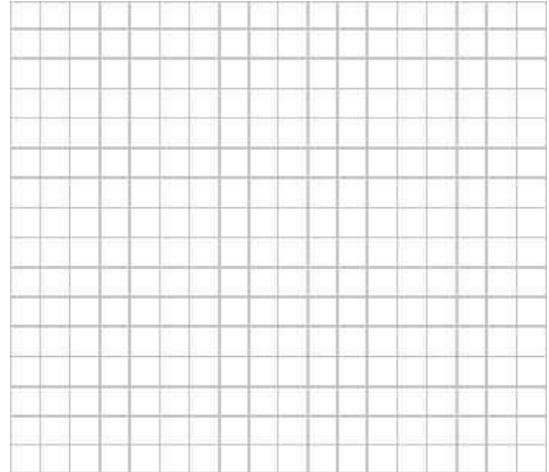
Dock

Dimension:

Height:

Establishment (distance)

Line of lot in front
Side
Back:
Building:
Drainfield:
Septic Tank:



Required Documents	Submitted	Submitted on
Layout plan	<input type="checkbox"/>	
Building plan	<input type="checkbox"/>	
Proof of ownership	<input type="checkbox"/>	
Registered servitude with the municipality <i>if required</i>	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	

Work Description

[Empty box for Work Description]

Applicant's Signature

Applicant's Signature: _____ Date: _____