



Permit Request

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

Entered by: _____

Permit Type: **Clôture**

Nature: _____

Identification

Owner

Name: _____

Address: _____

City: _____

Postal Code: _____

Phone: _____

Applicant

Name: _____

Address: _____

City: _____

Postal Code: _____

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

Name: _____

Address: _____

City: _____

Postal Code: _____

Phone: _____

Fax: _____

RBQ No.: _____

NEQ No.: _____

Responsible Person

Name: _____

Phone: _____

Work Starting Date: _____

Work Completion Target Date: _____

Completion Date: _____

Work Value: _____

Clôture

Fence

Length:	<input type="text"/>	Height Back:	<input type="text"/>
Height Front:	<input type="text"/>	Side Height:	<input type="text"/>
Model:	<input type="text"/>		

Clearance

Horizontal:	<input type="text"/>
Vertical:	<input type="text"/>

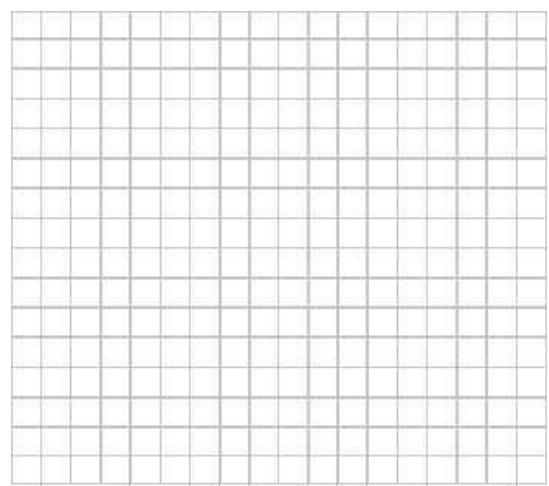
Doors

Self-Locking Device:	<input type="text"/>
Automatic Latch:	<input type="text"/>

Establishment (distance)

Street:	<input type="text"/>
Side	<input type="text"/>
Back:	<input type="text"/>
Building:	<input type="text"/>
Drainfield:	<input type="text"/>
Septic Tank:	<input type="text"/>

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



Required Documents	Receipt	Receipt Date
Coût estimé des travaux	<input type="checkbox"/>	
Plan d'implantation à l'échelle	<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"/>	

Work Description

[Empty box for Work Description]

Applicant's Signature

Applicant's Signature: _____ Date: _____