



Permit Request

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

Entered by: _____

Permit Type: **Construction - secondary building**

Nature: _____

Identification

Owner	Applicant
Name: _____	Name: _____
Address: _____	Address: _____
City: _____	City: _____
Postal Code: _____	Postal Code: _____
Phone: _____	Phone: _____
	Email: _____

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

Project undertaker	Project manager
Name: _____	Name: _____
Address: _____	Phone: _____
City: _____	
Postal Code: _____	
Phone: _____	Work Starting Date: _____
Fax: _____	Work Completion Target Date: _____
RBQ No.: _____	Completion Date: _____
NEQ No.: _____	Work Value: _____

Construction - secondary building

Dwelling Units

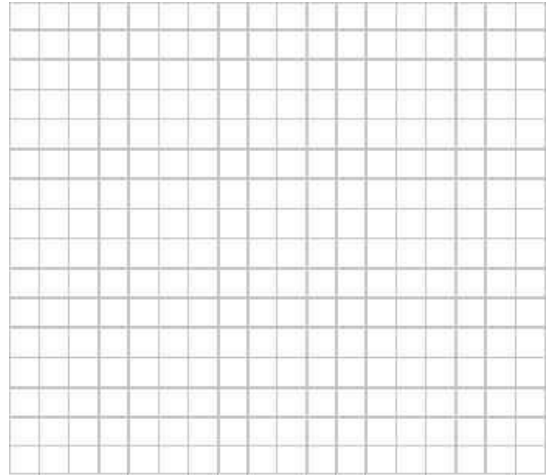
- Construction
 Addition
 Renovation
 Move

Building

Building type:	<input type="text"/>	Existing building size:	<input type="text"/>
Dimension:	<input type="text"/>	Projected combined building size:	<input type="text"/>
Height:	<input type="text"/>		

Location (distance from property limit)

Front:	<input type="text"/>
Side:	<input type="text"/>
Back:	<input type="text"/>
Main building:	<input type="text"/>
Drainfield:	<input type="text"/>
Septic tank:	<input type="text"/>
Other building:	<input type="text"/>
Location:	<input type="text"/>



Percentage occupied of the ground :
 Coverage ratio:

Finishing

Foundation:	<input type="text"/>
Interior Finish:	<input type="text"/>
Exterior finish:	<input type="text"/>
Color:	<input type="text"/>
Roof type:	<input type="text"/>
Roof finition:	<input type="text"/>

Required Documents	Submitted	Submitted on
Estimated cost	<input type="checkbox"/>	
Layout plan to scale	<input type="checkbox"/>	
Septic system and well location plan to scale <i>if present</i>	<input type="checkbox"/>	
Detailed construction plan to scale <i>if detached building</i>	<input type="checkbox"/>	
Construction plan by a Quebec architectural technologist <i>if attached building</i>	<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: _____