



Permit Request

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

Entered by: _____

Permit Type: **Renovation - 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: _____

Renovation - secondary building

Interior Renovation **Exterior Renovation**

Dwelling Units Created:

Dwelling Units Removed:

Change in the number of dwelling units:

Change in the use of the building:

Change in the number of bedrooms:

Before:

After:

Level

Basement

First Floor

Storey

Other:

Room

Living Room

Kitchen

Bathroom

Laundry Room

Bedroom

Office

Workplace

Recreating Room

Other:

Elements affected by the work

Gallery

Fence

Exterior Covering

Retaining Wall

Accessory Building

Insulation

Plumbing

Interior Covering

Foundation Wall

Roof

Electricity

Door

Floor Covering

Window

Number of Windows

Other:

Required Documents

Submitted

Submitted on

Construction plan

Work description

Work Description

[Empty box for Work Description]

Applicant's Signature

Applicant's Signature: _____ Date: _____