



Certificate Request

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

Entered by: _____

Permit Type: **Certificat d'autorisation d'arrosage**

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: 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

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: _____

Work Description

[Empty box for Work Description]

Applicant's Signature

Applicant's Signature: _____ Date: _____