



Permit Application

Request started on: _____	Request Completed on: _____	Req. No	<input type="text"/>
Entered by: _____			
Permit Type: Accessory building			
Type of work: _____			

Identification

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

Location

Address: _____
Lot No.: _____
Zone(s): _____
Frontage: _____
Depth: _____
Area: _____
Service: _____

Work

Contractor	Responsible Person
Name: _____	Name: _____
Address: _____	Phone: _____
City: _____	Work starting date: _____
Postal code: _____	Work completion target date: _____
Phone: _____	Completion date: _____
Fax: _____	Work value: _____
RBQ No.: _____	

Accessory building**Project** Construction Enlarging Renovation**Building**

Building type: _____

Dimension: _____

Height: _____

Existing area: _____

Proposed area: _____

Establishment (distance from lines)

Front: _____

Back: _____

Right side: _____

Left side: _____

Weeping field: _____

Septic tank: _____

Land coverage ratio % (Ground area / Land area): _____

Finishing

Foundation: _____

Interior finish: _____

Exterior finish: _____

Color: _____

Roof type: _____

Finish of the roof: _____

Required documents**Receipt****Receipt date**

2 sets of building plans

Form duly filled in

Plot plan

Work description**Applicant's signature**

Applicant's signature: _____

Date: _____