



Permit Application

Request started on: _____	Request Completed on: _____	Req. No	<input type="text"/>
Entered by: _____			
Permit Type: Bed & Breakfast			

Identification

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

Location

Address: _____

Lot number: _____

Zone(s): _____

Roll No.: _____

Service: _____

Bed & Breakfast informations

Bed & Breakfast name: _____

Number of rooms for hire: _____

Number of toilets: _____

Sign (sketch included): _____

Parking (nb.of spaces, sketch included): _____

Required documents	Receipt	Receipt date
Form dully filled	<input type="checkbox"/>	
Sign sketch	<input type="checkbox"/>	
Parking sketch	<input type="checkbox"/>	

Applicant's signature

Applicant's signature _____ Date: _____