

Ville d'Hudson/Town of Hudson Service d'urbanisme/Planning department

481 Main, Hudson Phone: (450) 458-Í H Ï
JOP 1H0 Email: info@ville.hudson.qc.ca

Permit Application

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Request started on: Entered by: Permit Type:	Request Completed on: Major renovations		Req. No	
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 Per	son	
Name:		Name:		
Address:		Phone:		_
City:		Work starting	date:	
Postal code:		Work complet	ion target date:	
Phone:		Completion da	ate:	
Fax:		Work value:		
RBQ No.:				
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Major renovation	ons								
Interior renovat	ions	☐ Exte	erior renovation	ns 🗌					
Dwelling Units Created: Dwelling Units Removed:									
Change in the number of dwelling units:				Specify:					
Change in the use of the building:				Specify:					
Change in the n	number o	f bedroon	ns:	Before:	After:				
Level									
Basement		First floor			Storey				
Other:									
Room									
Living Room		Kitchen		Bathroom		Laundry Ro	oom	J	
Bedroom		Office		Workplace		Recreating	Room		
Other:									
Elements affecte	ed by the	work							
Gallery	Fence		Exterior Covering		Retaining Wal		Acces	sory Building	
Insulation	Plumbing		Interior Covering		Foundation W	all	Roof		
Electricity	Door		Floor Covering				Windo	w	
							Numbe	er of Windows:	
Other:									
Reference	Prepar	ed by			P	Blueprint N	n	Date	
Architect:					_				
Land surveyor	r:								
Engineer:									
Required documents	3					Receipt	Receipt da	te	
2 sets of plans									
Form duly filled in									
Work description	on						•		
Applicants's si	gnature								
Applicant's signat						Date:			
, applicant a signat	-					Date.			