



MUNICIPALITÉ DE LA PÊCHE

1, Route Principale Ouest

La Pêche (Québec)

J0X 2W0

Phone:(819) 456-2161

Fax:(819) 456-4534

Request started on: _____

Request Completed on: _____

Re

Entered by: _____

Permit Type:

Agrandissement, transformation - Résidentiel

Nature: _____

Identification

Owner

Name: _____

Address: _____

City: _____

Postal Code: _____

Phone: _____

Applicant

Name: _____

Address: _____

City: _____

Postal Code: _____

Phone: _____

Location

Roll No.: _____

Address: _____

Zone: _____

Distinct P. of Land:

Zoning Code: _____

Inspection Sector: _____

Service: _____

Cadastre: _____

Use Co

Projecte

Frontage

Depth:

Area:

Number

Year of

Number

Floor Ar

Number

Work

Performer of the works

Name: _____

Address: _____

City: _____

Postal Code: _____

Phone: _____

Responsible Person

Name: _____

Phone: _____

Work Starting Date: _____

Agrandissement, transformation - Résidentiel

Dwelling Units

Construction

Enlargement

Dwelling Units

Dwelling Units Created:

Dwelling Units Removed:

Building Area

Existing

Projected

Main building:

<input type="text"/>	<input type="text"/>
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Connected secondary building:

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Gross Area:

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Surface of floors:

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Total Area:

(Floor area)

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Number of Units

Existing:

Future:

Building Dimensions

Façade:

Back:

Left Side:

Right Side:

Height

Building:

Basement:

First Floor:

Basement (above ground-level):

Stories:

Number of Stories:

Reference

Blueprint No.:

Prepared by:

Prepared by

Blueprint No.

Architect:

Establishment:

Engineer:

Establishment (distance)

Front:

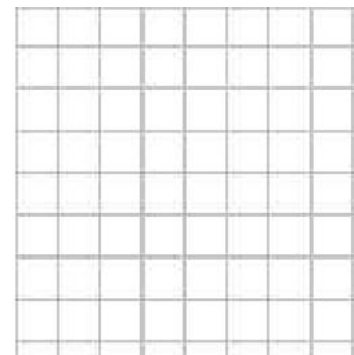
Back:

Right Side:

Left Side:

Drainfield:

Septic Tank:



Agrandissement, transformation - Résidentiel

Number of Exits

First Floor:

Basement:

Stories:

Footing

Depth:

Width:

Thickness:

Founda

Window

Type of

Slope c

Firewall: Smoke Detector: Carbon Monoxide

Joist

Dimension	Span	Distance	Cross
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

External Walls

Dimension	D
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Supporting Walls

Dimension	Distance
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Non-Supporting Walls

Dimension	D
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Interior Finish

	Floor	Ceiling	Wall
Basement:	<input type="text"/>	<input type="text"/>	<input type="text"/>
First Floor	<input type="text"/>	<input type="text"/>	<input type="text"/>
Stories:	<input type="text"/>	<input type="text"/>	<input type="text"/>

Exterior Finish

Façade:

Roof:

Sides:

Back:

Color:

Parking

Int. Parking Spaces

Ext. Parking Spaces

Location:

Exemption:

Chimney

Material	Height at top of the roof	Location
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Fireplace and Wood-Burni

Material

Required Documents	Receipt
Localiser ou vérifier - installation septique	<input type="checkbox"/>
Plan d'implantation (localisation projetée)	<input type="checkbox"/>
Plan détaillé de la construction projetée	<input type="checkbox"/>

Work Description

Applicant's Signature

Applicant's Signature: _____ Date: _____
