



MUNICIPALITÉ DE LA PÊCHE
 1, Route Principale Ouest
 La Pêche (Québec)
 J0X 2W0

Phone:(819) 456-2161
 Fax:(819) 456-4534

Permit Request

Request started on: Request Completed on: Req. No

Entered by:

Permit Type: **Nouv. construction - Clôture**

Nature:

Identification

Owner	Applicant
Name: <input type="text"/>	Name: <input type="text"/>
Address: <input type="text"/>	Address: <input type="text"/>
City: <input type="text"/>	City: <input type="text"/>
Postal Code: <input type="text"/>	Postal Code: <input type="text"/>
Phone: <input type="text"/>	Phone: <input type="text"/>

Location

Roll No.: <input type="text"/>	Use Code: <input type="text"/>
Address: <input type="text"/>	Projected Use Code: <input type="text"/>
Zone: <input type="text"/>	Frontage: <input type="text"/>
Distinct P. of Land: <input type="checkbox"/>	Depth: <input type="text"/>
	Area: <input type="text"/>
	Number of Dwelling Units: <input type="text"/>
Zoning Code: <input type="text"/>	Year of Construction: <input type="text"/>
Inspection Sector: <input type="text"/>	Number of Stories: <input type="text"/>
Service: <input type="text"/>	Floor Area m ² : <input type="text"/>
Cadastre: <input type="text"/>	Number of Affected Units: <input type="text"/>

Work

Performer of the works	Responsible Person
Name: <input type="text"/>	Name: <input type="text"/>
Address: <input type="text"/>	Phone: <input type="text"/>
City: <input type="text"/>	
Postal Code: <input type="text"/>	
Phone: <input type="text"/>	Work Starting Date: <input type="text"/>
Fax: <input type="text"/>	Work Completion Target Date: <input type="text"/>
RBQ No.: <input type="text"/>	Completion Date: <input type="text"/>
NEQ No.: <input type="text"/>	Work Value: <input type="text"/>

Nouv. construction - Clôture

Fence

Length:		Height Back:	
Height Front:		Side Height:	
Model:			

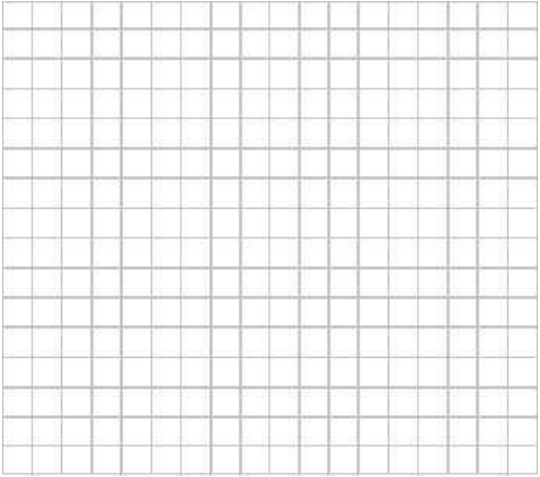
Clearance

Horizontal:	
Vertical:	

Doors

Self-Locking Device:	
Automatic Latch:	

Establishment (distance)

Street:		
Side		
Back:		
Building:		
Drainfield:		
Septic Tank:		

Required Documents	Receipt	Receipt Date
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: _____