



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. const - patio/terrasse/const.accessoire**

Nature: _____

Identification

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

Location

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

Work

Performer of the works	Responsible Person
Name: _____	Name: _____
Address: _____	Phone: _____
City: _____	
Postal Code: _____	
Phone: _____	Work Starting Date: _____
Fax: _____	Work Completion Target Date: _____
RBQ No.: _____	Completion Date: _____
NEQ No.: _____	Work Value: _____

Nouv. const - patio/terrasse/const.accessoireDimension: Height: **Establishment (distance)**

Line of lot in front

Side

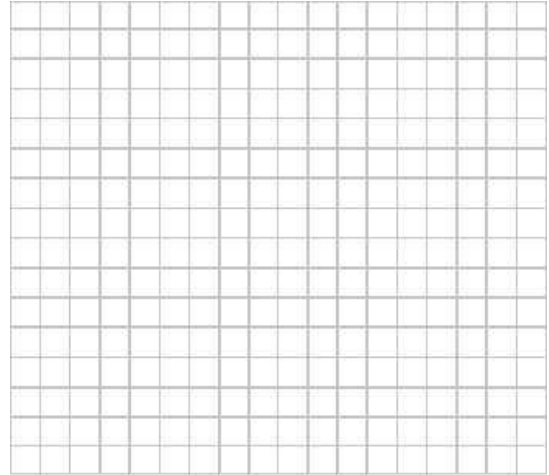
Back:

Building:

Drainfield:

Septic Tank:

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



Required Documents	Receipt	Receipt Date
Localiser ou vérifier - installation septique/Location of the septic system	<input type="checkbox"/>	
Paiement du permis (dépôt d'un chèque)/Check for the permit fees	<input type="checkbox"/>	
Plan d'implantation (localisation projetée) /Site plan	<input type="checkbox"/>	
Plan détaillé de la construction projetée/Detail plans of construction	<input type="checkbox"/>	

Work Description**Applicant's Signature**

Applicant's Signature: _____ Date: _____