



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. bâtiment sec/acc - Résidentiel**

Nature: _____

Identification

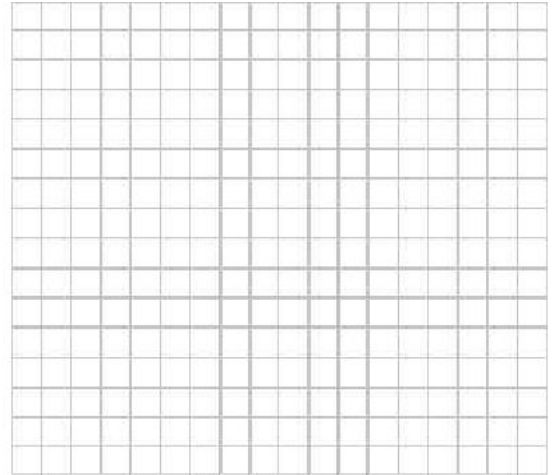
Owner	Applicant
Name: _____	Name: _____
Address: _____	Address: _____
City: _____	City: _____
Postal Code: _____	Postal Code: _____
Phone: _____	Phone: _____

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. bâtiment sec/acc - Résidentiel**Dwelling Units** Construction Enlarging Renovation**Building**Building type: Dimension: Height: Existing Area: Projected Area: **Establishment (distance)**Street: Side: Back: Main building: Drainfield: Septic tank: Other property: Location: Percentage occupied of the ground : Coverage ratio: **Finishing**Foundation: Interior Finish: Exterior finish: Color: Roof type: Finish of the roof::

Required Documents	Receipt	Receipt Date
Localiser - 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: _____
