



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: **Piscine creusée (incluant clôture)**

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: _____

Pool / Spa

Type:

Size:

Diameter:

Height:

Depth:

Capacity:

Other:

Wall Type:

Inside a Shelter:

Filter:

Presence of a Heat Pump:

Right side yard:

Left side yard:

Back yard:

Other:

Installation (Distance)

Right-of-Way:

Side 1:

Side 2:

Back:

Building:

Drainfield:

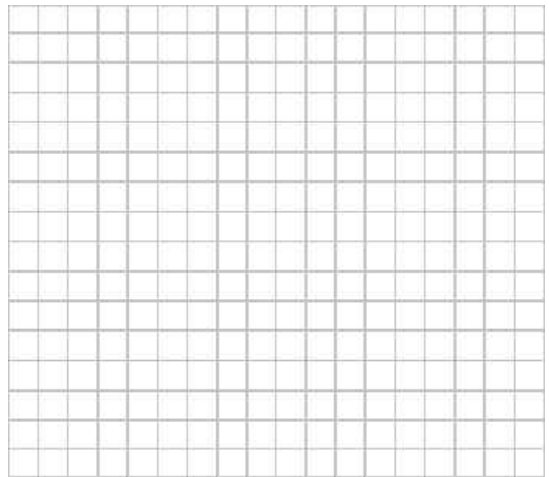
Septic Tank:

Other property:

Between filter and pool:

Distance other property enclos:

Heat pump:



Fence / enclosure

Fence:

Fence Height:

Material:

Vertical Clearance:

Horizontal Clearance:

Dist. between Ground/Fence:

Existing wall section used as enclosure:

Safety

Safety Items:

Cover:

Access to the pool

Ladder with a door security:

Ladder protected by an enclosure:

Platform protected by an enclosure:

Terrace attached to the residence where the party opening the pool is protected by an enclosure:

Shelter

Automatic Latch:

Self-Locking Device:

Doors

Automatic Latch:

Self-Locking Device:

Work Description

Applicant's Signature

Applicant's Signature: _____ Date: _____
