



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:

**Cert. autorisation / occ. - Élevage animaux**

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: \_\_\_\_\_

**Cert. autorisation / occ. - Élevage animaux**

**Use**  
Current:   
Proposed:   
Occupation date:  Beginning date of activities:

**Building**  
Name:   
Address:   
City:   
Postal Code:   
Phone:   
Area:

**Parking**  
Box:   
Conformity:   
Vested Right:

**Applicant**

**Number of Dwelling Units**  
Before:  After:

Required Documents	Receipt
Certificat de localisation (arpenteur géomètre)	<input type="checkbox"/>
Liste des chiens (détaillée)	<input type="checkbox"/>
Plan de l'aménagement du terrain	<input type="checkbox"/>

**Work Description**

**Applicant's Signature**

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

