



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. - Usage saisonnier**

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 Cooc

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: \_\_\_\_\_

**Work Description**

|  |
|--|
|  |
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**Applicant's Signature**

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

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