



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 - Public/Comm.**

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 <sup>2</sup> : _____
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 - Public/Comm.**

**Dwelling Units**

Construction

Enlarging

Renovation

**Building**

Building type:

Dimension:

Existing Area:

Height:

Projected Area:

**Establishment (distance)**

Street:

Side:

Back:

Main building:

Drainfield:

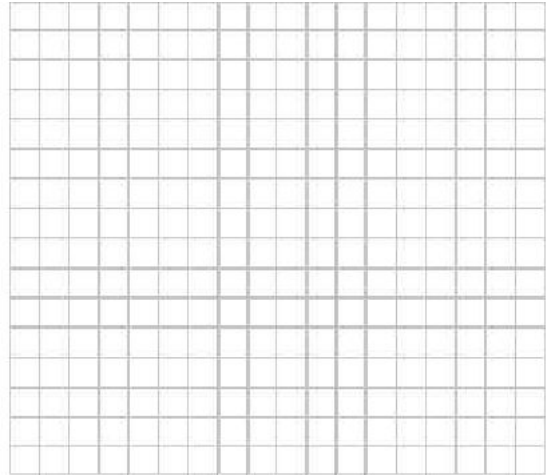
Septic tank:

Other property:

Location:

Percentage occupied of the ground :

Coverage ratio:



**Finishing**

Foundation:

Interior Finish:

Exterior finish:

Color:

Roof type:

Finish of the roof::

**Work Description**

**Applicant's Signature**

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

\_\_\_\_\_