



REQUEST FOR CERTIFICATE OF OCCUPANCY – SHORT TERM RENTAL

Owner's name: _____

Postal address: _____

Email: _____

Phone no. (s): Residence: _____ Others: _____

Proof of principal residence: Driver's license Others (specify):

Building involved by the request: _____

Cadastral identification: _____ **Cadastre du Québec**

Roll number: _____ **Zoning:** _____

Authorized representative: _____ **Signed authorization:**

Category of tourist accomodation establishment ::

Hotel establishment	<input type="checkbox"/>	Number of rooms or suites: _____
Bed & breakfast	<input type="checkbox"/>	Nombre de chambres ou suites: _____
Tourism residence	<input type="checkbox"/>	Number of bedrooms: _____
Camping establishment	<input type="checkbox"/>	Number of site: _____
Outfitting establishment	<input type="checkbox"/>	Number of individual camps: _____
Educational institution	<input type="checkbox"/>	Number of rooms or units: _____
Youth hostel	<input type="checkbox"/>	Number of rooms or beds: _____
Holiday center	<input type="checkbox"/>	Number of individual camps or rooms: _____
Other accomodation establishment	<input type="checkbox"/>	Specify: _____

Documents attached to this application:

<input type="checkbox"/> CITQ certificate / proof of renewal	<input type="checkbox"/> Deed of sale / Property deed
<input type="checkbox"/> Letter of consent (syndicate of co-owners)	<input type="checkbox"/> Letter of consent (co-owner)
<input type="checkbox"/> Certificate of location / site plan	<input type="checkbox"/> Plan showing parking spaces
<input type="checkbox"/> Attestation report Septic installation	<input type="checkbox"/> Connection to the sewer network
<input type="checkbox"/> Certificate of the Fire Protection Service	<input type="checkbox"/> Maintenance contract (Bionest, Écoflo, etc.)
<input type="checkbox"/> Motorized boat / pontoon Number : _____	<input type="checkbox"/> Canoes / Kayaks Number : _____
<input type="checkbox"/> Resolution of the CA (company – legal person)	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Signature: _____ **Date:** _____
Owner or authorized representative

Request received by: _____ **Date:** _____