



MUNICIPALITÉ DE LA PÊCHE
1, route Principale Ouest
La Pêche (Québec)
J0X 2W0

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Permit Request

Request started on:	<input type="text"/>	Request Completed on:	<input type="text"/>	Req. No	<input type="text"/>
Entered by:	<input type="text"/>				
Permit Type:	Agrandissement, transformation - Résidentiel				
Nature:	<input type="text"/>				

Identification

<p>Owner</p> <p>Name: _____</p> <p>Address: _____</p> <p>City: _____</p> <p>Postal Code: _____</p> <p>Phone: _____</p>	<p>Applicant</p> <p>Name: _____</p> <p>Address: _____</p> <p>City: _____</p> <p>Postal Code: _____</p> <p>Phone: _____</p>
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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: _____
Inspection Sector: _____
Service: _____
Cadastre: _____

Number of Stories: _____
Floor Area m²: _____
Number of Affected Units: _____

Work

Performer of the works

Name: _____
Address: _____
City: _____
Postal Code: _____
Phone: _____
Fax: _____
RBQ No.: _____
NEQ No.: _____

Responsible Person

Name: _____
Phone: _____

Work Starting Date: _____
Work Completion Target Date: _____
Completion Date: _____

Work Value: _____

Agrandissement, transformation - Résidentiel

Project

Construction

Enlargement

Transformation

Dwelling Units

Dwelling Units Created:

Dwelling Units Removed:

Building Area

Existing

Projected

Main building:

Connected secondary building:

Gross Area:

Surface of floors:

Total Area:

(Floor area)

Number of Bedrooms

Existing:

Future:

Buiding Dimensions

Façade:

Back:

Left Side:

Right Side:

Height

Building:

Basement:

First Floor:

Basement (above ground-level)

Stories:

Number of Stories:

Reference

Blueprint No.:

Prepared by:

	Prepared by	Blueprint No.	Date
Architect:			
Establishment:			
Engineer:			

Location (distance)

Front:

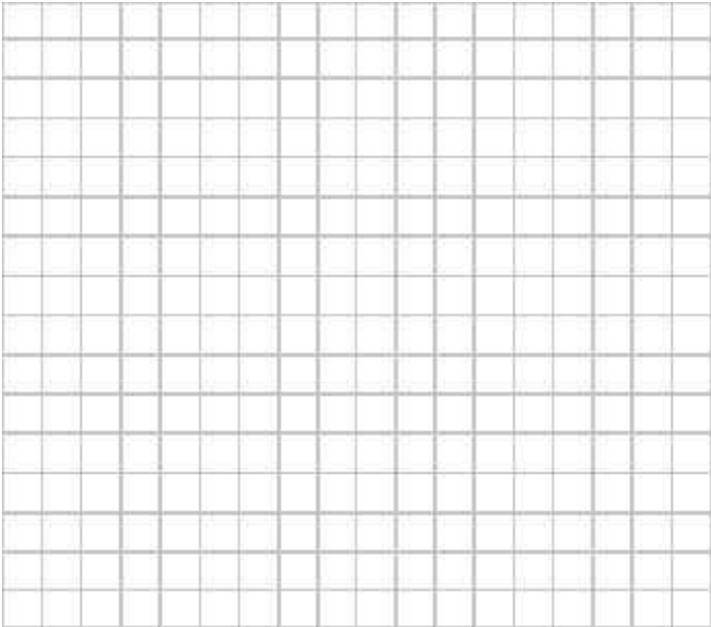
Back:

Right Side:

Left Side:

Drainfield:

Septic Tank:



Floor space Index ratio:

Land coverage ratio:

Floor / Land ratio:

Land is adjacent to public or private road that complies with subdivision by-laws:

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Number of Exits

First Floor:
 Basement:
 Stories:

Footing

Depth:
 Width:
 Thickness:

Foundation:

Windows in Foundation:

Type of roof:

Slope of the roof:

Firewall:

Smoke Detector:

Carbon Monoxide Det.:

Joist

Dimension	Span	Distance	Cross
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

External Walls

Dimension	Distance
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Supporting Walls

Dimension	Distance
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Non-Supporting Walls

Dimension	Distance
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Interior Finish

	Floor	Ceiling	Walls
Basement:	<input type="text"/>	<input type="text"/>	<input type="text"/>
First Floor	<input type="text"/>	<input type="text"/>	<input type="text"/>
Stories:	<input type="text"/>	<input type="text"/>	<input type="text"/>

Exterior Finish

Façade:	
Roof:	
Sides:	
Back:	
Color:	

Parking

Int. Parking Spaces	
Ext. Parking Spaces	
Location:	
Exemption:	

Chimney

Material	Height at top of the roof	Location

Fireplace and Wood-Burning Stove

Material	Fuel

Balcony, Patio, Gallerey, Awning

Type	Size	Coverage	Location

Plumbing

Water System:	
Sewer:	
Check Valve:	

Equipment of heating

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Localiser ou vérifier - installation septique	<input type="checkbox"/>	
Plan d'implantation (localisation projetée)	<input type="checkbox"/>	
Plan détaillé de la construction projetée	<input type="checkbox"/>	

Work Description

Applicant's Signature

Applicant's Signature: _____ Date: _____