



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. construction - Solarium**

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. construction - Solarium**

**Dwelling Units**

Construction

Enlargement

**Dwelling Units**

Dwelling Units Created:

Dwelling Units Removed:

**Building Area**

Existing                      Projected

Main building:	<input type="text"/>	<input type="text"/>
Connected secondary building:	<input type="text"/>	<input type="text"/>
Gross Area:	<input type="text"/>	<input type="text"/>
Surface of floors:	<input type="text"/>	<input type="text"/>
Total Area: (Floor area)	<input type="text"/>	<input type="text"/>

**Number of Bedrooms**

Existing:   
Future:

**Buiding Dimensions**

Façade:   
Left Side:

Back:   
Right Side:

**Height**

Building:  Basement:   
First Floor:  Basement (above ground-level):   
Stories:   
Number of Stories:

**Reference**

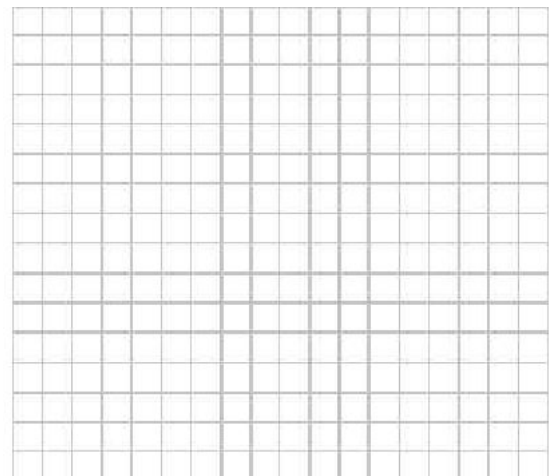
Blueprint No.:   
Prepared by:

	Prepared by	Blueprint No.	Date
Architect:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Establishment	<input type="text"/>	<input type="text"/>	<input type="text"/>
Engineer:	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Establishment (distance)**

Front:   
Back:   
Right Side:   
Left Side:   
Drainfield:   
Septic Tank:

Floor space Index ratio:   
Land coverage ratio:   
Floor Land ratio:



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

**Nouv. construction - Solarium**

**Number of Exits**

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

**Footing**

Depth:	<input type="text"/>
Width:	<input type="text"/>
Thickness:	<input type="text"/>

Foundation:	<input type="text"/>
Windows in Foundation:	<input type="text"/>
Type of roof:	<input type="text"/>
Slope of the roof	<input type="text"/>

Firewall:	<input type="text"/>	Smoke Detector:	<input type="text"/>	Carbon Monoxide Det.:	<input type="text"/>
-----------	----------------------	-----------------	----------------------	-----------------------	----------------------

**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:	<input type="text"/>
Roof:	<input type="text"/>
Sides:	<input type="text"/>
Back:	<input type="text"/>
Color:	<input type="text"/>

**Parking**

Int. Parking Spaces	<input type="text"/>
Ext. Parking Spaces	<input type="text"/>
Location:	<input type="text"/>
Exemption:	<input type="text"/>

**Chimney**

Material	Height at top of the roof	Location
<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"/>

**Fireplace and Wood-Burning Stove**

Material	Fuel
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

**Balcony, Patio, Gallerey, Awning**

Type	Size	Coverage	Location
<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"/>

**Plumbing**

Aqueduct:	<input type="text"/>
Sewer:	<input type="text"/>
Check Valve:	<input type="text"/>

**Equipment of heating**

<input type="text"/>
----------------------

Required Documents	Receipt	Receipt Date
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: \_\_\_\_\_

---