

PERMIT REQUEST FOR RENOVATIONS

1. PROPERTY OWNER IN	-ORMATION					
Last Name		First N	First Name			
Address (number, street)						
City		Province		Postal Code		
Home Phone	Cellphone/Office		E-mail			
2. MANDATARY (IF APPLI	CARLE)					
Last Name	CABLL	First N	ame			
Last Name		1 113614				
Company						
Company						
Address						
City		Province		Postal Code		
Office Telephone	Office Fax		E-mail			
3. ADDRESS OF WORK (IF	DIFFERENT					
Address			ot Number			
4 DOD ISST DESCRIPTION						
4. PORJECT DESCRIPTIO	N					
Projected start date (dd-mm-yy	ryy):					
	<u> </u>					
Projected end date (dd-mm-yyyy):						
Interior renovation [☐ Exterior Renov	ation				
Storey: Basement □	Ground Floor	☐ First F	oor ☐ Other ☐ Specify:			
Room:						
□ Workshop	☐ Kitche		☐ Laundry room			
☐ Office☐ Bedroom		oom	□ Living room□ Other :			
Li Bediooiii	☐ Playro	OIII	□ Other			
Elements affected by the work:						
☐ Accessory build	ding Deck	/ Balcony	□ Floor			
□ Fence	□ Insula		□ Plumbing			
-	r_) 🗆 Found	dation wall	□ Exterior siding			
□ Electricity	□ Door	(number)	Interior siding			

(Example: material, colour, etc)		
6. ENTREPRENEUR			
☐ I WILL DO THE WORK ON MY ON	VN (if not, please fill	in the following section)	
Company :Address :		First Name :	
Tel.: # RBQ:		Fax : # NEQ :	
			0///
7. COST ESTIMATION:	\$		
8. SIGNATURE			
Signature :			Date :(dd-mm-yyyy)

NB Unofficial translation. The French version remains the official text and prevails in the case of a discrepancy.