

1. PROPERTY OWNER INFORMATION

Last Name		First Name	
Address (number, street)			
City		Province	Postal Code
Home Phone	Cellphone/Office		E-mail

2. MANDATORY (IF APPLICABLE)

Last Name		First Name	
Company			
Address			
City		Province	Postal Code
Office Telephone	Office Fax	E-mail	

3. ADDRESS OF WORK (IF DIFFERENT)

Address	Lot Number
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4. PROJECT DESCRIPTION

Projected start date (dd-mm-yyyy) : _____

Projected end date (dd-mm-yyyy) : _____

Interior renovation Exterior Renovation

Storey: Basement Ground Floor First Floor Other Specify: _____

Room:

<input type="checkbox"/> Workshop	<input type="checkbox"/> Kitchen	<input type="checkbox"/> Laundry room
<input type="checkbox"/> Office	<input type="checkbox"/> Bathroom	<input type="checkbox"/> Living room
<input type="checkbox"/> Bedroom	<input type="checkbox"/> Playroom	<input type="checkbox"/> Other : _____

Elements affected by the work:

<input type="checkbox"/> Accessory building	<input type="checkbox"/> Deck / Balcony	<input type="checkbox"/> Floor
<input type="checkbox"/> Fence	<input type="checkbox"/> Insulation	<input type="checkbox"/> Plumbing
<input type="checkbox"/> Window (number __)	<input type="checkbox"/> Foundation wall	<input type="checkbox"/> Exterior siding _____
<input type="checkbox"/> Electricity	<input type="checkbox"/> Door (number__)	<input type="checkbox"/> Interior siding

5. DETAILED DESCRIPTION OF PROJECT

(Example: material, colour, etc.)

6. ENTREPRENEUR

I WILL DO THE WORK ON MY OWN (if not, please fill in the following section)

Last Name :	_____	First Name :	_____
Company :	_____	Function :	_____
Address :	_____	City :	_____
Province :	_____	Postal Code :	_____
Tel. :	_____	Fax :	_____
# RBQ :	_____	# NEQ :	_____

7. COST ESTIMATION:

\$ _____

8. AUTHORIZATION – BILL 25 (PROTECTION OF PERSONAL INFORMATION)

Do you consent to the Municipality of the Township of Hemmingford disclosing personal information about you to the appraisers mandated by the MRC des Jardins-de-Napierville, strictly necessary for the completion of their property assessment mandate, in accordance with the Act respecting the protection of personal information and Law 25?

Please check your consent:

- Yes, I consent
 No, I do not consent

9. SIGNATURE

Signature : _____ Date : _____
(dd-mm-yyyy)

Please take note the information provided for the delivery of this permit can be used by evaluators.

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