

APPLICANT CONTACT INFORMATION

Name: _____ Telephone: _____
 Address: _____ Fax: _____
 Email: _____ Cell phone: _____

WORK SITE

Same contact information as applicant

Address: _____
 Registration #: _____
 Lot #: _____

CONTRACTOR/INSTALLER CONTACT INFORMATION

Work executed by: Owner Contractor

Company: _____ RBQ Licence: _____
 Address: _____ Telephone: _____
 Project manager: _____ Fax: _____
 Email: _____ Cell phone: _____

CATEGORY AND TYPE

Category: Residential Commercial Institutional

Number of rooms or housing units: _____

Structure : Detached Semi-detached Row

Ownership: Private Condominium Rental

CHARACTERISTICS OF THE WORK

TYPE of accessory building: Shed Car shelter

Outdoor fireplace Antenna Patio/Terrace Pool house

Porch/balcony Greenhouse Air conditioning unit/heat pump

SIZE
 Length: _____ Width: _____
 Height: _____

LOCATION
 Distance from the main building: _____ Distance from the street: _____
 Distance from the left: _____ Distance from the back: _____
 Distance from the right: _____

FINISH
 (for shed, patio/porch and car shelter)
 Materials: _____ Type of roof: _____
 Exterior finish: _____ Type of foundation/base: _____

SITE PROTECTION
 Does the outdoor fireplace have a firescreen?
 Yes No

SCHEDULE AND COSTS

Estimated cost of the work: _____ Starting date of the work: _____
 Ending date of the work: _____