

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 FIRST SIGN

Type of sign: _____
 Siting: Front yard Backyard Left side yard Right side yard
 Height: _____ Materials: _____
 Dimensions: _____ x _____
 Inscription on the sign: _____

CHARACTERISTICS OF THE SECOND SIGN

Type of sign: _____
 Siting: Front yard Backyard Left side yard Right side yard
 Height: _____ Materials: _____
 Dimensions: _____ x _____
 Inscription on the sign: _____

CHARACTERISTICS OF THE THIRD SIGN

Type of sign: _____
 Siting: Front yard Backyard Left side yard Right side yard
 Height: _____ Materials: _____
 Dimensions: _____ x _____
 Inscription on the sign: _____

SCHEDULE AND COSTS

Estimated cost of the work: _____ Starting date of the work: _____
 * **WORK SUBJECT TO SPAIP** Ending date of the work: _____