

Renovation (modification-transformation)

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

RENOVATIONS Interior Exterior Commercial premises
 HOUSING UNITS Created: _____ Eliminated: _____ Floor space: _____

CHANGES
 To the number of units Specify: _____
 To the use of the building Specify: _____
 To the number of bedrooms Number before: _____ Number after: _____

LEVEL
 Basement Ground floor Second floor Other: _____

ROOM
 Living room Kitchen Bathroom Laundry room
 Office Workshop Playroom Bedroom
 Other: _____

ELEMENTS AFFECTED BY THE WORK
 Porch Fence Exterior covering Retaining wall
 Insulation Plumbing Interior covering Foundation wall
 Electricity Door Floor covering Accessory building
 Roof Window Number of windows: _____

SCHEDULE AND COSTS

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