

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

DEMOLITION : Complete Partial
 Public liability insurance: Yes No
 Foundations retained: Yes No
 Materials disposal site: _____

SCHEDULE AND COSTS

Estimated cost of the work: _____ Starting date of the work: _____
 Ending date of the work: _____
 Reconstruction : Yes * No

***WORK SUBJECT TO SPAIP.**

Please complete the "New construction" permit application form as well as the following section:

Dimensions: _____ Height: _____
 Number of storeys: _____ Foundation: _____
 Exterior covering and roofing (samples required): _____
 Other characteristics: _____
 Estimated cost of the work: _____ Starting date of the work: _____
 Ending date of the work: _____