

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

TYPE of expansion: Attached garage Solarium Second storey Other

Front yard: _____ Right side yard: _____
 Backyard: _____ Left side yard: _____
 Dimensions: _____ Height: _____
 Number of storeys: _____ Foundation: _____
 Exterior covering and roof: _____

Plan #: _____ Architect: _____
 Prepared by: _____

Information required on construction and siting plans:

- | | | |
|--|---|--|
| Distances (front/back/side yards) | Information on joists | Exterior finish (facade/roof/sides/back) |
| Number of bedrooms | Information on interior/exterior walls | Balcony/porch/patio/awning (type/size/covering/location) |
| Dimensions (front/back/sides) | Information on loadbearing/non-loadbearing partitions | Number of smoke detectors |
| Height (ground floor/basement/upper storeys) | Finishes (floors/ceilings/walls) | Parking (number of places/location) |
| No. of exits (ground floor/basement/upper) | Chimney (materials/height/location) | |
| Footing (depth/width/thickness) | Fireplace/ stove (materials/fuel) | |

SCHEDULE AND COSTS

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

*** SOME WORK SUBJECT TO SPAIP**