



Municipalité de Kazabazua
C.P 10 30 Chemin Begley
Kazabazua, Quebec
J0X 1X0

Phone:(819) 467-2852
Fax:(819) 467-3872

Permit Request

Request started on:	<input type="text"/>	Request Completed on:	<input type="text"/>	Req. No	<input type="text"/>
Entered by:	<input type="text"/>				
Permit Type:	DEMOLITION				
Nature:	<input type="text"/>				

Identification

Owner	Applicant
Name: <input type="text"/>	Name: <input type="text"/>
Address: <input type="text"/>	Address: <input type="text"/>
City: <input type="text"/>	City: <input type="text"/>
Postal Code: <input type="text"/>	Postal Code: <input type="text"/>
Phone: <input type="text"/>	Phone: <input type="text"/>

Location

Roll No.: <input type="text"/>	Use Code: <input type="text"/>
Address: <input type="text"/>	Projected Use Code: <input type="text"/>
Zone: <input type="text"/>	Frontage: <input type="text"/>
Distinct P. of Land: <input type="checkbox"/>	Depth: <input type="text"/>
	Area: <input type="text"/>
	Number of Dwelling Units: <input type="text"/>
	Year of Construction: <input type="text"/>
Zoning Code: <input type="text"/>	Number of Stories: <input type="text"/>
Inspection Sector: <input type="text"/>	Floor Area m ² : <input type="text"/>
Service: <input type="text"/>	Number of Affected Units: <input type="text"/>
Cadastre: <input type="text"/>	

Work

Performer of the works	Responsible Person
Name: <input type="text"/>	Name: <input type="text"/>
Address: <input type="text"/>	Phone: <input type="text"/>
City: <input type="text"/>	
Postal Code: <input type="text"/>	
Phone: <input type="text"/>	Work Starting Date: <input type="text"/>
Fax: <input type="text"/>	Work Completion Target Date: <input type="text"/>
RBQ No.: <input type="text"/>	Completion Date: <input type="text"/>
NEQ No.: <input type="text"/>	Work Value: <input type="text"/>

Required Documents	Receipt	Receipt Date
Written description	<input type="checkbox"/>	

Work Description

Applicant's Signature

Applicant's Signature: _____ Date: _____
