



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

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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:	CONSTRUCTION NEUVE/NEW CONSTRUCTION				
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"/>

CONSTRUCTION NEUVE/NEW CONSTRUCTION

Project
 Construction Enlargement Transformation

Dwelling Units
 Dwelling Units Created: Dwelling Units Removed:

	Existing	Projected	
Main building:	<input type="text"/>	<input type="text"/>	Number of Bedrooms Existing: <input type="text"/>
Connected secondary building:	<input type="text"/>	<input type="text"/>	
Gross Area:	<input type="text"/>	<input type="text"/>	
Surface of floors:	<input type="text"/>	<input type="text"/>	
Total Area: (Floor area)	<input type="text"/>	<input type="text"/>	

Buiding Dimensions

Façade: <input type="text"/>	Back: <input type="text"/>
Left Side: <input type="text"/>	Right Side: <input type="text"/>

Height

Building: <input type="text"/>	Basement: <input type="text"/>
First Floor: <input type="text"/>	Basement (above ground-level): <input type="text"/>
Stories: <input type="text"/>	
Number of Stories: <input type="text"/>	

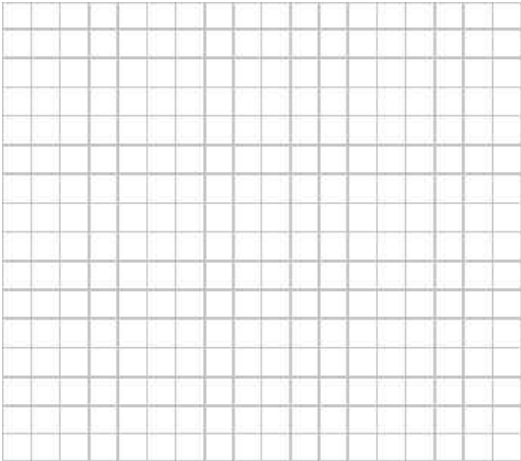
Reference

Blueprint No.:

Prepared by:

	Prepared by	Blueprint No.	Date
Architect:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Establishment:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Engineer:	<input type="text"/>	<input type="text"/>	<input type="text"/>

Location (distance)

Front:	<input type="text"/>	
Back:	<input type="text"/>	
Right Side:	<input type="text"/>	
Left Side:	<input type="text"/>	
Drainfield:	<input type="text"/>	
Septic Tank:	<input type="text"/>	
	<input type="text"/>	

Floor space Index ratio:
 Land coverage ratio:
 Floor / Land ratio:

Land is adjacent to public or private road that complies with subdivision by-laws:

CONSTRUCTION NEUVE/NEW CONSTRUCTION

Number of Exits

First Floor:	<input type="text"/>
Basement:	<input type="text"/>
Stories:	<input type="text"/>

Footing

Depth:	<input type="text"/>
Width:	<input type="text"/>
Thickness:	<input type="text"/>

Foundation:	<input type="text"/>
Windows in Foundation:	<input type="text"/>
Type of roof:	<input type="text"/>
Slope of the roof:	<input type="text"/>

Firewall:	<input type="text"/>	Smoke Detector:	<input type="text"/>	Carbon Monoxide Det.:	<input type="text"/>
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Joist

Dimension	Span	Distance	Cross
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

External Walls

Dimension	Distance
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Supporting Walls

Dimension	Distance
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Non-Supporting Walls

Dimension	Distance
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Interior Finish

	Floor	Ceiling	Walls
Basement:	<input type="text"/>	<input type="text"/>	<input type="text"/>
First Floor	<input type="text"/>	<input type="text"/>	<input type="text"/>
Stories:	<input type="text"/>	<input type="text"/>	<input type="text"/>

Exterior Finish

Façade:	<input type="text"/>
Roof:	<input type="text"/>
Sides:	<input type="text"/>
Back:	<input type="text"/>
Color:	<input type="text"/>

Parking

Int. Parking Spaces	<input type="text"/>
Ext. Parking Spaces	<input type="text"/>
Location:	<input type="text"/>
Exemption:	<input type="text"/>

Chimney

Material	Height at top of the roof	Location
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Fireplace and Wood-Burning Stove

Material	Fuel
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Balcony, Patio, Gallery, Awning

Type	Size	Coverage	Location
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Plumbing

Water System:	<input type="text"/>
Sewer:	<input type="text"/>
Check Valve:	<input type="text"/>

Equipment of heating

<input type="text"/>

Required Documents	Receipt	Receipt Date
CADASTRE	<input type="checkbox"/>	
Croquis	<input type="checkbox"/>	
Implantation certificate	<input type="checkbox"/>	
Plan d'architecte	<input type="checkbox"/>	

Work Description

Applicant's Signature

Applicant's Signature: _____ Date: _____
