



Municipalité de Kazabazua  
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Kazabazua, Quebec  
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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:	<b>INSTALLATION SANITAIRE/SEPTIC INSTALLATION</b>				
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 <sup>2</sup> : <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"/>

**INSTALLATION SANITAIRE/SEPTIC INSTALLATION**

Construction:

Occupation:

Tank Type:

Construction date:

Total capacity:

Effective capacity:

Discharge Estimate:

Effluent filter(s)  Number:  Model:

Manufacturer's Name:

Serial no:

BNQ no:

Techno. folder no.:

**Information about the building**

Number of Bedrooms:

Building Area:

**Land**

Seepage Test:

Sedimentation test:

Pumping Station:

Study of the Site Topography:

Type of Soil:

Rock Depth:

Ground Water Depth:

Slope of the land:

Drinking water supply:

Study of the Permeability Level of the ground:

Permeability:

Used method:

**In charge of the Soil Characteristics**

Name:

Address:

City,state:

Phone No.:

**Drainfield**

Drainfield:

Drainfield Area:

Length:

Width:

Depth:

Number of trenches:

Construction date:

Others:

**Main Designer of the plans**

Name:

Address:

City,state:

Phone No.:

**Easement**

Easement

**Location:**

Tight system

Residence Distance:

Right boundary of property:

Left boundary of property:

Front boundary of property:

Back boundary of property:

Lake, river, marsh, pond:

Well:

Outlet Pipe:

**System not tight**

Residence Distance:

Right boundary of property:

Left boundary of property:

Front boundary of property:

Back limit of property:

Lake, river, marsh, pond:

Cased well:

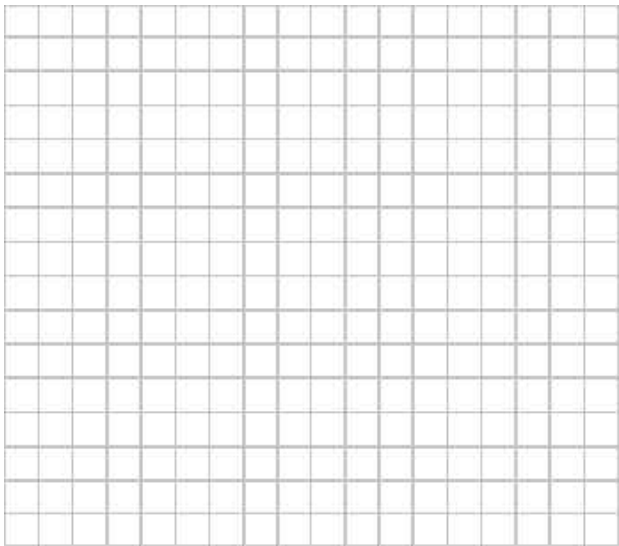
Sealed cased well:

Well other sources:

Outlet Pipe:

Trees, shrub:

Slope:



Croquis

ENGINEER OR TECHNOLOGIST PLAN

Implantation certificate

**Work Description**

**Applicant's Signature**

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_