

CONSTRUCTION PERMIT REQUEST

LOCATION

Address of the property

Civic n°

Street name

City

Province

Postal code

Lot(s) number(s)

IDENTIFICATION OF THE APPLICANT

Applicant **If the applicant is not the owner of the property, please fill up the proxy attached to this form.*

Last name

First name

Address of the applicant

Civic n°

Street name

City

Province

Postal code

Applicant's information

E-mail

Phone number

PROFESSIONNALS ON THE PROJECT

(1) Architect

Address

E-mail

Phone number

(2) Engineer

Address

E-mail

Phone number

(3) Contractor

Address

E-mail

RBQ N.

Phone number

DESCRIPTION OF WORK

Total cost of project :

Starting date of work :

Duration of work :

Signature of the applicant

Date

BALCONY, PATIO, TERRACE		
1	Application form	☐
2	Proxy (if necessary)	☐
3	Certificate of location to scale	☐
4	Implantation plan <i>(with the distances from the property lines)</i> <i>(Note : Please identify the trees)</i>	☐
5	Elevation plans with the details of the foundation and guard railings	☐
6	Pictures of the current state of the lot (Backyard and lateral yards)	☐
7	Cost estimate, signed and dated, including the professional services fees and taxes	☐

PROXY

OWNER'S INFORMATION

Last name

First name

E-mail

Phone number

ADDRESS OF THE IMPLICATED PROPERTY

Civic n°

Street name

City

Province

Postal code

Lot (s) n°

AUTHORIZED REPRESENTATIVE'S INFORMATION

Last name

First name

E-mail

Phone number

ADDRESS OF THE REPRESENTATIVE

Civic n°

Street name

City

Province

Postal code

OWNER'S AUTHORIZATION

The owner authorizes his representative, named above, to submit to the Town of Mount Royal, one or more requests provided in the by-law, namely :

- ☐ Consult my property's file (including the plans) and obtain a copy
- ☐ Consult and obtain copy of the plans only
- ☐ Complete an application for a permit or a certificate
- ☐ Other request, please specify the nature :

Other request's specification

The owner also authorizes his representatives, named above, to sign the documents and commitments required for the submission of this application for the property indicated above.

OWNER'S SIGNATURE

I declare to be the owner of the building and I authorize my representative to submit to the Town of Mount Royal one or several application (s) as listed above.

Signature

Date