

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

Service of Urban Planning and Development

20, Roosevelt avenue, Town of Mount-Royal (Quebec), H3R 1Z4

Tel : (514) 734-3042 [urbanplanning@town.mount-royal.qc.ca](mailto:urbanplanning@town.mount-royal.qc.ca)

Latest update : 02-09-2026

| REQUIRED DOCUMENT (depending on the nature of the work) |                                                                                                               |                          |
|---------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|--------------------------|
| FENCE                                                   |                                                                                                               |                          |
| 1                                                       | Application form                                                                                              | <input type="checkbox"/> |
| 2                                                       | Proxy (if necessary)                                                                                          | <input type="checkbox"/> |
| 3                                                       | Certificate of location to scale                                                                              | <input type="checkbox"/> |
| 4                                                       | Implantation plan locating the proposed fence ( <i>Note : Please identify all the trees on the property</i> ) | <input type="checkbox"/> |
| 5                                                       | Brochure of the retailing specifying the model of the fence, material composition, height, colour, etc.       | <input type="checkbox"/> |
| 6                                                       | Pictures showing the current conditions of the property                                                       | <input type="checkbox"/> |
| 7                                                       | Cost estimate, signed and dated, including the professional services fees and taxes                           | <input type="checkbox"/> |

## 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