VILLE DE MONT-ROYAL | TOWN OF MOUNT ROYAL

MECHANICAL UNIT 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

Latest update : 02-09-2026

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REQUIRED DOCUMENT (depending on the nature of the work)		
MECHANICAL UNIT		
1	Application form	☐
2	Proxy (if necessary)	☐
3	Certificate of location to scale (may be scanned to PDF legal format 8.5 x 14 inches)	☐
4	Implantation plan to scale *(Note : It can be drawn directly on the certificate of location)*	☐
5	Technical sheet of the equipment (including the sound level) + technical sheet of the acoustic screen	☐
6	Pictures of the proposed location	☐
7	Cost estimate, signed and dated, including the professional services fees and taxes	☐

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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

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