

## 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 \_\_\_\_\_

| REQUIRED DOCUMENT (depending on the nature of the work) |                                                                                                 |                          |
|---------------------------------------------------------|-------------------------------------------------------------------------------------------------|--------------------------|
| RETAINING WALL                                          |                                                                                                 |                          |
| 1                                                       | Application form                                                                                | <input type="checkbox"/> |
| 2                                                       | Proxy (if necessary)                                                                            | <input type="checkbox"/> |
| 3                                                       | Certificate of location to scale (may be scanned in PDF legal format 8.5 x 14 inches)           | <input type="checkbox"/> |
| 4                                                       | Proposed Site Plan (Note: May be drawn on the location certificate)                             | <input type="checkbox"/> |
| 5                                                       | <i>Technical specifications, including a photo of the model, height, materials, color, etc.</i> | <input type="checkbox"/> |
| 6                                                       | Pictures showing the current state of the property                                              | <input type="checkbox"/> |
| 9                                                       | 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