

## MINOR EXEMPTION 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

#### Type of applicant

- Owner
- Co-owner
- Potential buyer
- Developer
- Professionals
- Other

Specify

Specify

#### Address of the applicant

Civic n°

Street name

City

Province

Postal code

#### Applicant's information

E-mail

Phone number

## MINOR EXEMPTION REQUEST

### DESCRIPTION

#### Reason of the request

- Sale of the property
- Legalize a derogatory element
- Other

Specify \_\_\_\_\_

#### Subject of the request

- Minimum land area
- Minimum lot width
- Minimal front setback
- Minimal back setback
- Minimal lateral setbacks
- Number of parking spaces in the zones I-103 and I-104

#### Detailed description of the request

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of the applicant \_\_\_\_\_

Date \_\_\_\_\_

### REQUIRED DOCUMENTS

- *Application form*
- *Proxy, if applicable*
- *Certificate of location*
- *Pictures of the derogatory elements*

## 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