

## OCCUPANCY CERTIFICATE REQUEST

### IDENTIFICATION OF THE BUSINESS PLACE

Commercial name of the business

#### Address of the business place in Town of Mount-Royal

Civic n°

Street name

City

Province

Postal code

#### Registration

Registration No. :

Corporation No. :

### IDENTIFICATION OF THE HEAD OFFICE OF THE BUSINESS

Owner

Civic n°

Street name

City

Province

Postal code

### 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

#### Applicant's address

Civic n°

Street name

City

Province

Postal code

#### Applicant's information

E-mail

Phone number

### IDENTIFICATION OF THE OWNER OF THE BUILDING

#### Owner

Last name

First name

#### Owner's address

Civic n°

Street name

City

Province

Postal code

#### Owner's information

E-mail

Phone number

DESCRIPTION OF THE NATURE OF THE BUSINESS

Total area to occupy

Number of occupants (employees) :

Area - Office :

Area - Warehouse :

Please check the planned interventions and take note that a separate permit is required for each intervention :

- ☐ Interior renovation (ex: renovation of the interior space, structure) and/or exterior renovation (ex: modification of the exterior façade)
- ☐ New exterior sign
- ☐ Plumbing work
- ☐ Landscaping and/or driveway

DESCRIPTION OF THE SCOPE OF WORK AND NOTES

Signature of the applicant

Date

REQUIRED DOCUMENTS

- Application form;
- Proxy, if applicable;
- In the case :
  - **of a company** : a copy of the constitutive documents.
  - **of a person in an associated business or under a business name** : a copy of the business name deposited with the Ministry of Justice department.
  - **of a leased location** : a signed copy of the lease, signed agreement of a promised lease or any other document with the same effect which confirms that the owner of the building consents the tenant to use the location
- Key plan of the floor \* (if applicable);
- Reflected ceiling plan of the business \*, including :
  - The complete configuration of the space;
  - The total area of the space;
  - The location of all the fire prevention measures (ex: exit signs, emergency lights, etc.);
  - , etc.
- *\* An architect's stamp could be required on the plans based on the scope of work of the project*
- The plan needs to allow us to verify the conformity to the Fire Safety and Prevention norms
- Additional information may be required to ensure compliance to the applicable municipal regulations.

## 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