E L G I N

MUNICIPALITÉ D'ELGIN

No of request:

No registration:

Type of request:

Principal use:

Kind of construction:

Area of land:

Zone:

Patrimonial: ☐

Distinct lot: ☐

Waterfront lot: ☐

No lot(s):

Lot in agricultural zone:

Inst. septic: ☐

Aqueduct: ☐

Sanitary sewer: ☐

Storm-water sewer: ☐

GENERAL

Address work:

Beginning date of work:
Completion date of work:
Occupation date:

Landscaping date:
Value of work:
Duration of the work:

Owner(s): Name/Address/Tel.	**Applicant: Name/Address/Tel.**	**Contractor: Name/Address/Tel.**

E-mail : _____

DESCRIPTION OF WORK

PROVIDED DOCUMENTS

Drawings: ☐ **Date :** **Conceptor :**

Site drawing : ☐ **Date :**

Certificate of localisation : ☐ **Date :**

Authorisation(s) : *MRC :* ☐ *CPTAQ :* ☐ *MDDEP :* ☐ *Owner :* ☐

Other(s) : _____

COMMENTS

I, the undersigned , ,. DECLARE THAT THE INFORMATION ABOVE ARE ACCURATE AND IF THE PERMIT REQUESTED IS GRANTED I WILL CONFORM MYSELF TO THE PROVISIONS OF REGULATIONS AND INTO FORCE LAWS THAT MAY

SIGNED IN: _____ **On:** _____

_____

Owner or mandate applicant

SECTION RESERVED FOR THE BUILDING INSPECTOR

RECEIVED:
APPROUVED:
RENEW DATE:
REFUSED:
REASON(S): _____

COST OF THE PERMIT:
DEPOSIT:

_____

BUILDING INSPECTOR