



MUNICIPALITY OF KAZABAZUA

30, BEGLEY RD., P.O. BOX 10, KAZABAZUA (QUÉBEC) J0X 1X0
TELEPHONE : (819) 467-2852 – FAX : (819) 467-3872
E-mail : inspecteur@kazabazua.ca

APPLICATION FOR A PERMIT

Identification of the applicant:

Name: _____ Surname: _____
Address: _____
Home Tel.: _____ Work Tel.: _____
Cellular: _____ E-mail: _____

Location of the property:

Lot: _____ Range: _____ of the Quebec cadastre
Civic address: _____

Nature of request:

- Construction permit Renovation Permit Septic Installation permit
 Well Pool/Spa Dock Fence Other

Details:

Please identify the current and proposed situation of your property and its surroundings.

Contractor information:

Name: _____
Address: _____
Work Tel.: _____ Cellular.: _____
RBQ/NEQ: _____

SKETCH

Description (Please include recent photos if available):

- | | |
|------------------------------------|---|
| 1. Property Dimensions | 5. Site plan showing location of buildings |
| 2. Watercourse(s) or lake(s) | 6. Building sizes |
| 3. Location of Well | 7. Location of surrounding wells & septics if known |
| 4. Location of Septic Installation | 8. Proximity of neighbours |

The following is necessary for the consideration of your request:

- Identification of the applicant including name, address and phone number
- Site plan showing location of all the required information

PLEASE NOTE:

The application will be processed by the building inspector, within 10 working days following the receipt date of this document.

Statement:

I, the undersigned, certify that the information given in the present document is in all respects is true, exact and complete.

Signature

Date