

Municipalité de Kazabazua C.P 10 30 Chemin Begley Kazabazua, Quebec J0X 1X0

Phone:(819) 467-2852 Fax:(819) 467-3872

Permit Request

Request started on: Entered by:	Request Completed on:	Req. No		
	CINE/POOL-SPA			
Nature:	51121 332 31 A			
<u>Identification</u>				
Owner	Applicant			
Name:	Name:			
Address:	Address:			
City:	City:			
Postal Code:	Postal Code:			
Phone:	Phone:			
Location				
Roll No.:		Use Code:		
Address:		Projected Use Code:		
Zone:		Frontage:		
Distinct Distinct		Depth:		
Distinct P. of Land:	J	Area:		
		Number of Dwelling Units:		
		Year of Construction:		
Zoning Code:		Number of Stories:		
Inspection Sector:		Floor Area m²:		
Service:		Number of Affected Units:		
Cadastre:	dastre:			
Work				
Performer of the works	Responsible	e Person		
Name:	Name:			
Address:	Phone:			
City:				
Postal Code:				
Dhanai		orting Doto:		
Phone:  Fax:		Work Starting Date: Work Completion Target Date:		
т ах. 		Completion Date:		
RBQ No.:	Completi	UII Date.		
NEQ No.:	Work Val	Work Value:		

Pool / Spa		Wall Type:					
Type: Size: Diameter: Height: Depth:			Inside a Shelter: Filter:				
			Presence of a Heat Pump: Right side yard:				
		_					
Capacity:		Left sid	Left side yard:				
Other:		Back yard:					
		Other:					
Installation (Distance)							
Right-of-Way:							
Side1:							
Side 2:							
Back:							
Building:							
Drainfield:							
Septic Tank:							
Other property:							
Between filter and poo	l:						
Distance other propert							
Heat pump:							
Fence / enclosure		Safety					
T CHOC / CHOIOSUIC			Safety Item	is:			
Fence:			Cover:				
Fence Height:							
Material:			Access to the pool				
Vertical Clearance: Horizontal Clearance: Dist. between Ground/Fence:			Ladder with a door security:  Ladder protected by an enclosure:  Platform protected by an enclosure:				
Existing wall section used as enclosure:			Terrace attached to the residence where the party opening the pool is protected by				
an enclosure:							
Shelter Automatic Latch:		Doors	tomatic La	toh:			
			Automatic Latch: Self-Locking Device:				
Self-Locking Device		Se	ıı-Locking I	Device:			
				1-			
Required Documents			Receipt	Receipt Dat	е		

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Work Description	
Applicant's Signature	
Applicant's Signature:	Date:
<u>-</u>	