



Ville de Lac-Brome
 Gestion du territoire
 122 chemin Lakeside
 Lac-Brome
 JOE 1V0

Phone:(450) 243-6111
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VILLE DE LAC-BROME
 TOWN OF BROME LAKE

Permit Request

Request started on: _____ Request Completed on: _____ Req. No

Entered by: _____

Permit Type: **DECK**

Nature: _____

Identification

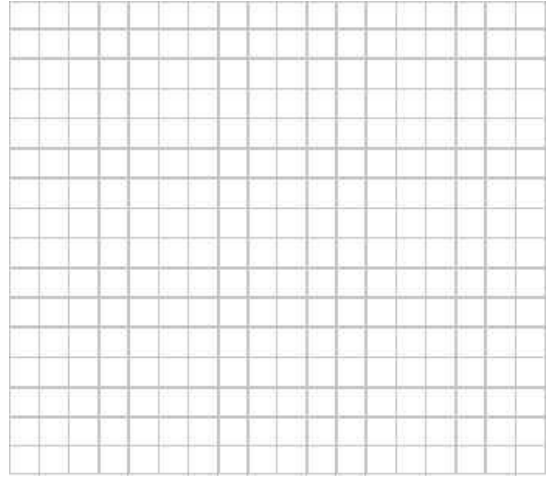
Owner	Applicant
Name: _____	Name: _____
Address: _____	Address: _____
City: _____	City: _____
Postal Code: _____	Postal Code: _____
Phone: _____	Phone: _____
Courriel: _____	Courriel: _____

Location

Roll No.: _____	Use Code: _____
Address: _____	Projected Use Code: _____
Zone: _____	Frontage: _____
Distinct P. of Land: <input type="checkbox"/>	Depth: _____
	Area: _____
	Number of Dwelling Units: _____
	Year of Construction: _____
Zoning Code: _____	Number of Stories: _____
Inspection Sector: _____	Floor Area m ² : _____
Service: _____	Number of Affected Units: _____
Cadastre: _____	

Work

Contractor:	Responsible person
Name: _____	Name: _____
Address: _____	Phone: _____
City: _____	
Postal Code: _____	
Phone: _____	Work Starting Date: _____
Fax: _____	Work Completion Target Date: _____
RBQ No.: _____	Completion Date: _____
NEQ No.: _____	Work Value: _____

DECKDimension: Height: **Location (distance)**Front property line: Side Back: Building: Drainfield: Septic Tank: 

Required Documents	Receipt	Receipt Date
SITE PLAN	<input type="checkbox"/>	
BUILDING PLAN	<input type="checkbox"/>	

Work Description

Description of the materials:

Applicant's Signature

Applicant's Signature: _____ Date: _____