



Ville de Lac-Brome
Gestion du territoire
122 chemin Lakeside
Lac-Brome
J0E 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: **SIGN**

Nature: _____

Identification

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 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

Performer of the works	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: _____

SIGN

1. Type:

 New sign Modification of an existing sign**Sign** Multi-directional Front panel Canopy Billboard Illuminated Self-supported Base stand Not illuminated Other**Establishment** Front Yard Back Yard Left Side yard Right Side yard**Lighting** Interior Exterior Continuous Flashing Other

Dimension:

 X

Height of the Sign board:

Area:

Thickness:

Lateral distance 1 :

Lateral distance 2 :

Distance from the ground:

Distance to the right-of-way:

Material:

Sign Inscription:

Comments

Required Documents	Receipt	Receipt Date
CROQUIS EXEMPLAIRE DE L'ENSEIGNE	<input type="checkbox"/>	
SITE PLAN	<input type="checkbox"/>	

Work Description

Applicant's Signature

Applicant's Signature: _____ Date: _____
