



122, Lakeside road
Lac-Brome (Québec) J0E 1V0
Phone : (450) 243-6111 Fax : (450) 243-5300
<http://ville.lac-brome.qc.ca>

Request form Certificate of authorization Change of use

Owner

Name of owner : _____
Address : _____
City : _____ Province : _____ Postal Code : _____
Phone : _____ Cell. : _____ Email : _____

Applicant

Name of applicant: _____
Address : _____
City : _____ Province : _____ Postal Code : _____
Phone : _____ Cell. : _____ Email : _____

Information

Address of work : _____
Lot # : _____ Agricultural zone : Yes No
Roll number : _____ Zone : _____

Work

Address of change of use : _____
Current use : Residential Commercial Industrial Agricultural*
Future use : Residential Commercial Industrial Agricultural
Serviced lot : Sewer Aqueduct Septic system Private well
Opening date of business : _____
Do you have or will you have a fire system alarm : Yes No
Current name of the business : _____
Future name of the business : _____
Are renovations required prior to occupancy ? Yes No

If yes, please fill in the request form for a certificate of authorization for renovation.

Documents to attach

- Written declaration of the projected use including the following (if applicable):
 - Description of activities; (services and products offered);
 - Indoor or outdoor storage space needed;
 - Identify any related nuisances (noise, odours);
 - Expected hours of service for the projected business;
 - Number of employees, children or residents on site.
- Interior building plan including the part occupied by the new use;
- Copy of the lease ;
- A plan identifying the use of the building, parking areas and the quantity and dimensions of parking spaces;
- If available, a copy of the certificate of location of the property.

*ALL THE REQUESTS ABOUT A CHANGE OF USE CONCERNING AN AGRICULTURAL USE TO ANOTHER USE MUST GO TO THE *COMMISSION DE LA PROTECTION DU TERRITOIRE AGRICOLE DU QUÉBEC (CPTAQ)*.

Reserved for the Municipality

Date of reception : _____ Date of issue : _____
Request number : _____ Permit number : _____

Applicant's signature : _____ Date of request : _____