

**SEPTIC SYSTEM**

PRICE OF THE PERMIT : 100,00 \$

DEPOSIT - TQC REPORT : 1500,00 \$

**ADMINISTRATIVE USE ONLY**

Date of the application and request number	Date :	Request number :
Règlement discrétionnaire	<input type="checkbox"/> PIIA	<input type="checkbox"/> DM <input type="checkbox"/> Other :

**IDENTIFICATION OF THE SITE**

Adress of the works or lot number	
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**IDENTIFICATION OF THE OWNER OR APPLICANT**

Name		
Adress		
Town and postal code	Town :	Postal code :
Phone number	Home :	Cell :
Email		
Owner	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>*A power of attorney from the owner is requiered.</i>	

**CONTRACTOR OR WORK SUPERVISOR**

Work supervisor	<input type="checkbox"/> Applicant <input type="checkbox"/> Owner <input type="checkbox"/> Contractor <input type="checkbox"/> Other :	
Name of the company		
Name of the contractor		
Adress		
Town and postal code	Town :	Postal code :
Phone number	Office :	Cell :
Business number of Régie du bâtiment number	NEQ :	RBQ :

**DEADLINE AND VALUE OF THE WORK**

Starting date	
Ending date	
Value of the work	

*If possible, please submit your contractor's submission to us.*

**DESCRIPTION OF THE WORK**

Building to be served	Ex: <i>Residencial, etc.</i> :			
Project type	<input type="checkbox"/> Construction	<input type="checkbox"/> Modification	<input type="checkbox"/> Replacement	<input type="checkbox"/> Other
Building use	<input type="checkbox"/> Residential - <i>Number of bedrooms</i> :		<input type="checkbox"/> Other use - <i>Daily flow</i> :	
Wastewater discharged	<input type="checkbox"/> Toilet water	<input type="checkbox"/> Domestic wastewater ( <i>sinks, bathtub, shower, washing machine, etc</i> )		
Occupation	<input type="checkbox"/> Annual		<input type="checkbox"/> Seasonal ( <i>less than 180 days per year</i> )	
Type of installation	Tank :	Filtering element :		

**PLAN DESIGNER AND CONSTRUCTION SUPERVISOR**

Name of the professional			<input type="checkbox"/> Technician	<input type="checkbox"/> Engineer
Adress				
Town and postal code	Town:			Code postal :
Phone number	Principal :			Autre :
Order association number	<i>*Verify if the professional is still a member of their professional association.</i>			
File number or report	<i>*Site characterisation study and technical report with location plan.</i>			

**DOCUMENTS REQUIRED**

- Permit application form** signé
- Power of attorney** signed by the owner allowing the applicant to submit a request on their behalf if the applicant is not the owner *If applicable*
- Site characterization study**, carried out by a member of a professional association with expertise in accordance with the Regulation respecting wastewater disposal systems for isolated dwellings (Q2-r22)
- Implantation plan** showing the site, dimensions, shape, area, levels of the lot, and existing well.
- Any other necessary documents or authorizations** depending on site constraints (case-by-case analysis). *If applicable*

***Other documents may be required depending on the case. A missing document will result in the application not being processed.***

**DECLARATION**

The undersigned declares that the above information is accurate and complete and undertakes to submit all documents required for this application. The undersigned also declares that they have read and understood the applicable municipal procedures and regulations. Finally, the undersigned understands that this form does not constitute a permit or certificate of authorization.

I acknowledge that I have received all the information necessary to give my free, clear, and informed consent for the collection of my personal information.

Signature : \_\_\_\_\_

Date : \_\_\_\_\_

**Note** : The official responsible for the file has **45 days** (if the application is compliant), depending on the nature of the proposed work, calculated from the time the application is substantially complete for municipal review, to respond to the application. (Urban Planning Bylaw Administration Regulation RU-901-2014, sections 54 and 73).