

CHANGE OF USE

PRICE OF CERTIFICATE : 200,00 \$

RESERVED FOR ADMINISTRATION

Date received and application number	Date :	Request number :	
Number	Lot :	Zone :	Role :
Use of the building	<input type="checkbox"/> Residential (H) <input type="checkbox"/> Commercial (C) <input type="checkbox"/> Agricultural (A) <input type="checkbox"/> Industrial (I) <input type="checkbox"/> Community (P)		

IDENTIFICATION OF THE LOCATION CONCERNED

Address or lot number	
-----------------------	--

IDENTIFICATION OF THE OWNER OR APPLICANT

Name			
Address			
Town and postal code	Town :	Postal code:	
Phone number	Home:	Cell:	
Email			
Owner	<input type="checkbox"/> Yes <input type="checkbox"/> No *A proxy is necessary.		

DESCRIPTION

Type of change	<input type="checkbox"/> Adding a usage <input type="checkbox"/> Removing a usage <input type="checkbox"/> Modification of usage <input type="checkbox"/> Principal usage <input type="checkbox"/> Complimentary use (office, daycare center, etc.)		
Current use of the building	<input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Community <input type="checkbox"/> Public utility <input type="checkbox"/> Recreational <input type="checkbox"/> Agricultural <input type="checkbox"/> Residential - Number of housing units : ____ <input type="checkbox"/> Vacant or unoccupied - Number of rooms : ____		
Intended use of the building	<input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Community <input type="checkbox"/> Public utility <input type="checkbox"/> Récréatif <input type="checkbox"/> Agricole <input type="checkbox"/> Résidentiel - Number of housing units : ____ <input type="checkbox"/> Vacant or unoccupied - Number of rooms : ____		
Usage location	<input type="checkbox"/> Basement <input type="checkbox"/> Ground floor <input type="checkbox"/> Floor N° : ____ <input type="checkbox"/> Outside		

DESCRIPTION

Type of use	Ex: <i>Office, ect.</i> Name of the compagny :
Date	Occupation : Start of end of activities :
Parking	Number of spaces : <i>*Verify the minimum number of spaces according to usage.</i>
Civic number	
Detailed description of usage	<input type="checkbox"/> Addition <input type="checkbox"/> Removal <input type="checkbox"/> Modification

DOCUMENTS REQUIRED WHEN SUBMITTING THE APPLICATION

- Certificate application form** signed
- 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*
- Certificate of localization**

Other documents may be requiered depending on the case. A missing document will prevent the applica-tion from being processed.

DECLARATION

The undersigned declares that the above information is accurate and complete and undertakes to submit all do-cuments 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 moment the application is substantially complete for municipal analysis purposes, to respond to the application. (Regulation for the administration of urban planning regulations RU-901-2014, sections 54 and 73).