Municipalité de Mayo
20 chemin Mcalendin
Mayo (QUÉBEC) J8L 4J7
Phone : 819-986-3199 ~ Cell: 819-664-1923
E-Mail : insp@mayo.ca

APPLICATION FOR PERMIT AND/OR CERTIFICATE

Registration number : _____

Name of applicant(s):_____
Are you the owner of the building that is the subject of the work? ____ YES ____ NO
Otherwise, you must attach a power of attorney signed by the owner(s) of the building concerned by this request.
Mailing address : _____
Homephone _____ **Cellular** :_____ **Cottage :** _____
E-mail : _____

TYPE OF PERMIT OR CERTIFICATE OF AUTHORIZATION REQUESTED:

☐ Demolition	☐ Renovation / Repair	☐ Acessory building
☐ Extention	☐ Construction	☐ Dock
☐ Tree cutting	☐ Septic system	☐ Swimming pool and spas
☐ Backfill /Excavation	☐ Fence / Hedge / Gallery	☐ Well
☐ Groundwater collection	☐ Retaining wall	☐ Other _____
☐ Renewal	☐ Subdivision	☐ Certificate of authorization
☐ Work in waterfront protection strip		☐ Exemption
☐ Culvert / Entrance	☐ Sign	☐ Tourist accommodation

WORK LOCATION

Address of the building : _____

or lot number : _____

DESCRIPTION OF WORK :

Use : ☐ Residential ☐ Agricultural ☐ Municipal ☐ Commercial

Building : ☐ Main ☐ Acessory building

- Dimensions : (width, length and height of the work)
- Description of the materials used : (e.g. for the foundation, exterior covering, roofing, etc.)

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_____ _____

Signature of applicant **Date**

NOTE:
This form is intended to expedite the processing of the permit application and does not constitute a complete application or an authorization to begin work. The municipal building inspector reserves the right to request any additional documents or information that will give him a better understanding of your project.

Once he has received all the required documents, the municipal building inspector will conduct a thorough analysis of the application. A permit will be issued within a maximum of 60 days for any complete application, concerning a viable project that complies with all regulations in places.

By signing this permit application, you consent to the personal information provided being communicated to the Municipality of Mayo for the purpose of processing your application. This information will be used only for municipal services related to your application and will be processed in accordance with our privacy policy. If you do not consent to the communication of this information, we will unfortunately not be able to process your application.

_____ _____

Signature of the municipal building inspector **Date received**

IMPORTANT TO SUBMIT ADDITIONAL INFORMATION REQUIRED WITH YOUR APPLICATION SUCH AS:

* to be seen with the inspector *

To be completed:

Approximate cost of the work; _____$

Name and contact details of the persons or company carrying out the work:

Business :_____ Name.:_____

Address :_____ Phone:_____

1: Attach all information or documents relevant to the work;
2: Distance from the boundaries of the 4 sides of the land in relation to the works and the distances in relation to the septic tank, the purification field, the well or any other buildings such as sheds / etc.

SKETCH :