



**REQUEST FORM  
AUTHORISATION CERTIFICATE FOR  
RENOVATION OR REPAIR WORK**

IDENTIFICATION OF THE PROPERTY OWNER/OWNERS		
Last Name	First Name	
Address	Town/City	Postal Code
Telephone	Cellular	
Last Name	First Name	
Address	Town/City	Postal Code
Telephone	Cellular	
<p align="center"><b>Obtain a proxy if the applicant is not the owner of the immovable.</b>            All the owners have to sign the request or give a proxy of authorization to the applicant.            If you have owned the building and/or land for less than six (6) months, please furnish a copy of your notarized deed of sale that has been registered with the Registry office.</p>		
Publication date	Registration number	

LOCATION OF THE PROJECTED WORK(if different from above)	
Address	Actual usage (ex. residential, commercial, vacant lot)
<i>If this is a vacant lot complete the section below</i>	
Lot number	Street

MAIN PLAN DESIGNER (if necessary)		
<p align="center">In the event that the work to be done will be on the main floor, storey, and/or basement, the plans must be prepared by an Architect or a qualified technologist (with a seal) belonging to a Professional Order.</p>		
Last name	First Name	
Address	City/Town	Postal code
Telephone	Date of plan	Plan number

EXECUTING CONSTRUCTION WORK		
Business name	Name of responsible of the construction site	
Address/City/Town	Telephone number of the responsible person	
Postal Code	Business telephone number	RBQ license (mandatory)

## TYPE OF RENOVATION WORK AND CHARACTERISTICS

Location of work <input type="checkbox"/> Interior renovations <input type="checkbox"/> Exterior renovations		Building usage <input type="checkbox"/> Residential usage <input type="checkbox"/> Mixed usage (residential & commercial)		<input type="checkbox"/> Commercial usage <input type="checkbox"/> Industrial usage <input type="checkbox"/> Institutional usage
Level <input type="checkbox"/> Basement <input type="checkbox"/> Ground floor <input type="checkbox"/> Storey	Room <input type="checkbox"/> Living room <input type="checkbox"/> Kitchen <input type="checkbox"/> Bathroom <input type="checkbox"/> Bedroom <input type="checkbox"/> Office <input type="checkbox"/> Work shop <input type="checkbox"/> Game room <input type="checkbox"/> Other: _____	Interior room <input type="checkbox"/> New room <input type="checkbox"/> Floor covering <input type="checkbox"/> Insulation <input type="checkbox"/> Plumbing <input type="checkbox"/> Electricity Other: _____ _____ _____		
Reason for the work <input type="checkbox"/> Changing number of rooms: Existing: _____ Future: _____ <input type="checkbox"/> Changing the usage of the building: Projected usage: _____		Exterior work <input type="checkbox"/> Door quantity: _____ <input type="checkbox"/> Window: quantity: _____ <input type="checkbox"/> Roof: <input type="checkbox"/> Fence: <input type="checkbox"/> Gallery (solarium, veranda): <input type="checkbox"/> Exterior finishing: <input type="checkbox"/> Retaining wall: <input type="checkbox"/> Foundation wall:		

## CONTENTS NEEDED FOR A RENOVATION PERMIT

- If you foresee carrying out work in the basement, you must supply the Municipality with a plan drawn to scale including the usage, the rooms, the dimensions, the size of the windows along with the locations of the smoke detectors;  
 A plan accompanied by a description of the work (estimates, interior plans, elevations, cuts, profiles of all the storeys and frontage);  
 If the modification to be done are on the ground floor, storey and/or basement, the plans must be prepared by a qualified professional in this matter;

**If the work generates an increase in the number of rooms, you must provide us with a copy of a plan of the existing septic installation or a document prepared by a qualified professional on the subject showing the conformity of the septic installation in rapport to the project work or a soil analysis for a new septic installation according to the number of rooms foreseen.**

### ADDITIONAL INFORMATION NEEDED FOR EXTERIOR WORK

- A certificate of location indicating the existing construction, building, the equipment, the projected work and any element that could affect the work, in particular: the topography of the land; constraints, paths, passages, infrastructures, electrical lines, septic installation, well, the high water mark, etc...
- A plan drawn to scale on graph/grid paper for the construction of a gallery, porch, terrace, solarium or a veranda;
- For the repair or replacement of all openings (windows and doors) showing the location, the number, the configuration, the type and dimension;
- For roof repair (covering) indicate the replacement material and the type of covering to be used;
- For yard work (fences and retaining walls) show the location, the height, the dimension and the materials to be used;
- For the renovation or the construction of a gallery, veranda, solarium, show the location on your certificate of location, the height of the floor in rapport to the ground, the dimension, the type of foundation and the materials to be used;
- For foundation work: a plan showing the depth, the width and the thickness of the foundation.

Evaluation of the cost of the work: \$

Start date: \_\_\_\_\_

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

#### FEES

<i>Request</i>	<i>Cost</i>
Renovation	\$ 40.00
Renovation other than residential	\$ 60.00

**The fees must be paid when dropping off your permit request**

Signature of the owner/applicant

Date:

**ATTENTION : BY-LAWS ON PERMITS AND CERTIFICATES NO. 195-2012 Article 2.1.8: Modifications of the plans and documents**

Any modifications made to the plans and the documents previously approved by the appointed Municipal Officials cancels the permit or the certificate unless these plans, were subject to an approval prior to starting the work in conformity with the Planning-By-Law.

**NOTE:** The present form aims at accelerating the request of a permit and constitute at no time either a complete request or an authorization to proceed with your project.

The Municipality of the Township of Harrington cannot guarantee that the present form is up to date at all times and does assume any responsibility for differences that may occur between the original text and the electronic text of this form.



2940, route 327, Harrington (QC) J8G 2T1  
 Telephone: 819-687-2122 / Fax 819-687-8610  
 Web site: [www.harrington.ca](http://www.harrington.ca)