



**REQUEST FORM FOR A
CERTIFICATE OF AUTHORIZATION
FOR A CHANGE OF USAGE**

PLEASE PRINT IN CAPITAL LETTERS

IDENTIFICATION OF THE OWNER/OWNERS/APPLICANT		
Last name	First name	
Address	City / Town	Postal code
Telephone	Cellular	
Last name	First name	
Address	City / Town	Postal code
Telephone	Cellular	
E-mail address		
<p align="center">Obtain a proxy if the applicant is not the owner of the immovable. 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	

IDENTIFICATION OF THE LOCATION	
Address	Actual usage (ex. : residential, commercial, vacant lot)
<i>If this is a vacant lot, complete the section below</i>	
Lot number	Street

DESCRIPTION OF THE PROJECT		
Business name	Name of the responsible of the project	
Telephone number of the responsible person		
Are there any renovations that are needed for the occupation of this premise? <input type="checkbox"/> Yes (complete the permit request : renovation of a main building) <input type="checkbox"/> No		
Actual usage of the main building:	<input type="checkbox"/> Single family <input type="checkbox"/> Commercial <input type="checkbox"/> Mixed	<input type="checkbox"/> Cottage /seasonal <input type="checkbox"/> Industrial
Projected usage of the main building:	<input type="checkbox"/> Single family <input type="checkbox"/> Commercial <input type="checkbox"/> Mixed	<input type="checkbox"/> Cottage /seasonal <input type="checkbox"/> Industrial
Type of main building:	<input type="checkbox"/> Isolated <input type="checkbox"/> Contiguous	<input type="checkbox"/> Paired

DESCRIPTION RELATING TO THE USE OF THE BUILDING CHANGES			
Number of homes before:		Number of homes after:	
Number of bedrooms before:		Number of bedrooms after:	
Use of building / rooms before:		Use of building / rooms after:	
Area affected (m ²)			
Other related work:	Enlargement: <input type="checkbox"/>	Interior renovations: <input type="checkbox"/>	
Occupancy date:			
Starting date of operation:			

IN THE CASE OF A COMMERCIAL USE

Name of the business before:
Name of the business after:
Number of planned parking spaces

***Provide the forms associated to this work duly completed**

Description of the intended use

Checklist - Make sure all the following documents accompany your application.

General documents:

- 1. The titles of the property, if the applicant has acquired the property for less than one (1) year;
- 2. A power of attorney signed by the owner, in the case that the request is made by a petitioner;
- 3. The form duly completed and signed.

Specific documents:

- 1. A written statement of intended use including the following (if applicable):
 - a) A description of existing outdoor facilities, including parking spaces and loading and unloading spaces, if necessary.
 - b) A description of the activities (services and products offered).
 - c) The necessity of external or internal storages spaces.
 - d) Define nuisances related to the usage (noise, smell ...).
 - e) Define the opening hours of the projected business.
 - f) Define the number of employees, children or residents foreseen on site.
- 2. The interior of the building including the section occupied by the new use.

Start date:	End date (if needed):
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FEES

The cost of the certificate of authorization is \$ 200.00.

DELAY

Please foresee a delay of 15 to 45 days for the issuance of the permit.

NOTE: The present form aims at accelerating the request of a permit and constitutes 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.

Signature of the owner / owners / applicant	Date:
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