



**DORVAL**

|                         |                                     |                                      |                                     |                                 |
|-------------------------|-------------------------------------|--------------------------------------|-------------------------------------|---------------------------------|
| <b>Type of building</b> | <input type="checkbox"/> Commercial | <input type="checkbox"/> Residential | <input type="checkbox"/> Industrial | <input type="checkbox"/> Public |
|-------------------------|-------------------------------------|--------------------------------------|-------------------------------------|---------------------------------|

### Nature of the work

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> New construction<br>Number of dwellings _____ | <input type="checkbox"/> Renovation / Modification<br><input type="checkbox"/> Demolition of the main building<br><input type="checkbox"/> Signage<br><input type="checkbox"/> Minor exemption | <input type="checkbox"/> Subdivision<br><input type="checkbox"/> Conditional uses<br><input type="checkbox"/> Parking area<br><input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Addition<br>Number of dwellings _____         |  |   |

| Property concerned by the application |                 |            |             |
|---------------------------------------|-----------------|------------|-------------|
| Last name                             |                 | First name |             |
| Address (number, street, unit)        |                 |            | Postal code |
| Telephone                             | Other telephone | Extension  | Email       |

| Information about the applicant |                 |             | <input type="checkbox"/> Same as the owner |
|---------------------------------|-----------------|-------------|--|
| Last name                       |                 | First name  |  |
| Address (number, street, unit)  |                 |             |  |
| City                            | Province        | Postal code |  |
| Telephone                       | Other telephone | Extension   | Email                                      |

| Information about the contractor performing the work |                 |             | <input type="checkbox"/> Same as the owner | <input type="checkbox"/> Same as the applicant |
|--|-----------------|-------------|--|--|
| Company name   |                 | RBQ licence |  |  |
| Last name  |                 | First name  |  |  |
| Address (number, street, unit)                       |                 |             |  |  |
| City   | Province        | Postal code |  |  |
| Telephone  | Other telephone | Extension   | Email                                      |  |



**Description of the work**

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|--|---|--------------------------------|
| Work required following a disaster<br><input type="checkbox"/> Yes, specify: | Tree cutting required<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Planned start date of the work |
|--|---|--------------------------------|

**Submitting the application**

- Completed and signed form
  - Required documents attached
  - Submit via email to [amenagementurbain@ville.dorval.qc.ca](mailto:amenagementurbain@ville.dorval.qc.ca) or in person at City Hall
- ➔ If the application is complete and compliant, the permit will be processed within 30 business days.  
 ➔ If the application is incomplete or non-compliant, a permit and occupancy agent will contact you.

\*If you are not the owner, please attach a power of attorney authorizing you to submit the application.

**Important notice**

This application does not, under any circumstances, constitute authorization to begin the work. The work may only start after the issuance of the construction permit or the certificate of authorization.

The fees related to the permit application must be paid upon the opening of the application.

**Declaration and applicant signature**

I declare that the above information is accurate, and I agree to comply with the municipal by-laws of the City of Dorval and any related regulations that may apply.

|      |           |      |
|------|-----------|------|
| Name | Signature | Date |
|------|-----------|------|