



URBAN PLANNING AND ENVIRONMENT
MUNICIPALITÉ DE MORIN-HEIGHTS
567, CHEMIN DU VILLAGE
MORIN-HEIGHTS (QUÉBEC) J0R 1H0
PHONE : 450 226-3232, POSTE 115
EMAIL : service.urbanisme@morinheights.com

APPLICATION FORM FOR AN AUTHORIZATION CERTIFICATE

F-Urb-05

**ACCESSORY STRUCTURE
CONSTRUCTION OR EXTENSION**

WORK SITE LOCATION		
Address and/or street name		Lot N°
Current use : <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Mixed <input type="checkbox"/> Other : _____		
Waterfront property adjacent to a lake, watercourse or wetland: <input type="checkbox"/> YES <input type="checkbox"/> NO		
APPLICANT'S IDENTIFICATION AND CORRESPONDENCE ADDRESS		
Applicant's first and last name		
Postal address		Postal address
City		
Cell N°		Cell N°
Email		
The applicant is the owner* : <input type="checkbox"/> YES <input type="checkbox"/> NO *If no: please complete the AUTHORIZATION section on the back.		
WORK DESCRIPTION		
Type of work	<input type="checkbox"/> New construction <input type="checkbox"/> Extension	
Type of accessory structure for the residential usage group.	<input type="checkbox"/> Gallery <input type="checkbox"/> Balcony <input type="checkbox"/> Stoop <input type="checkbox"/> Portico <input type="checkbox"/> Awning or canopy <input type="checkbox"/> Veranda <input type="checkbox"/> Detached carport <input type="checkbox"/> Garden pavilion <input type="checkbox"/> Low wall <input type="checkbox"/> Fence (including entrance gate) <input type="checkbox"/> Retaining wall <input type="checkbox"/> Stairway, ramp, or accessibility structure	
Type of accessory structure for the Commercial, Industrial, Public or Agricultural usage groups.	<input type="checkbox"/> Commercial patio <input type="checkbox"/> Shelter or stand for equipment rental, customer service, or similar activities <input type="checkbox"/> Construction required for the practice of agricultural use or an additional use related to agriculture.	
Additional information to support project understanding: <hr/> <hr/>		
Work start date (DD/MM/YYYY)	Work end date (DD/MM/YYYY)	Estimated cost

WORK EXECUTANT	
<input type="checkbox"/> Contractor (if checked fill in the section below)	<input type="checkbox"/> Self-construction
Company name	Company phone N°
Company address	
Company email	RBQ licence N°
REQUIRED DOCUMENTS The application and all required documents must be submitted as one (1) printed copy to scale and one digital copy (PDF format)	
<input type="checkbox"/> Exterior Work: Include a scaled plan detailing the work, including material specifications and dimensions. <input type="checkbox"/> Copy of the certificate of location showing the proposed location of the accessory construction, including distances from property lines and the septic system. <input type="checkbox"/> Recent photographs of the building if the work affects the exterior of the building. <input type="checkbox"/> A retaining wall plan, when applicable , prepared, signed, and sealed by an engineer who is a member of the Ordre des ingénieurs du Québec.	
UNIT COST OF AUTHORIZATION CERTIFICATE	
Accessory structure	50 \$
Accessory structure serving a commercial, industrial, public, or agricultural use	75 \$
IMPORTANT	
The inspector assigned to the file reserves the right to require any additional documents, estimates, reports, or plans necessary to ensure the compliance of the application.	
APPLICANTS SIGNATURE	
The undersigned declares that the information provided above is accurate and acknowledges having read the applicable municipal regulations.	
The undersigned understands that it is mandatory to obtain a permit or authorization certificate before starting any work or use , and that this form does not, at any time, constitute approval or authorization.	
Applicant's signature	Date (DD/MM/YYYY)
OWNERS AUTHORIZATION	
MANDATORY when the applicant is different from the owner or when the owner is a legal entity (e.g., a company).	
Owners phone number : _____	
I _____, owner, authorize _____ to _____	(Owners name in block letters) (Applicants name in block letters)
Submit and sign on my behalf this application for an authorization certificate for my property located at _____	
(Project address or lot number)	
Signed on: _____	Signature : _____
(Date)	(Owners signature)