Côte-des-Neiges
Notre-Dame-de-Grâce
Montréal

DATE : _____

APPLICATION FOR OCCUPANCY CERTIFICATE

1. Identity of operator of establishment

Name: _____
Write down the name of the company, owner of the establisment.

Corporate name: _____

Telephone: _____

2. Location of establishment

Civic number	Street	Room	Floor
_____	_____	_____	_____

3. Mail address (where you wish the occupancy certificate to be delivered)

Civic number	Street	Room
_____	_____	_____

City	Postal code
_____	_____

4. Type of occupancy

Describe uses made in premises. Example : Office, retail store, etc.	Room dimension (square feet or square meters)
_____	_____

5. Person in charge (name, tittle and phone number of the person who completed this form)

Last name: _____ First name: _____

Tittle: _____
(operator, representative, administrator)

Telephone: _____

I declare that the above mentioned information is true. **Signature:** _____

To avoid long waiting period, please mail this form, duly completed, with a cheque to the amount of **$150** payable to Ville de Montréal, to the following address:

Ville de Montréal
Aménagement urbain et services aux entreprises
Division des permis et inspections
Arrondissement de Côte-des-Neiges–Notre-Dame-de-Grâce
5160, boulevard Décarie, bureau 865
Montréal (Québec) H3X 2H9