

---

# APPLICATION FOR OCCUPANCY CERTIFICATE

---

## 1. Identity of operator of establishment

Name: \_\_\_\_\_  
Write down the name of the company, owner of the establishment.

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, title and phone number of the person who completed this form )

Last name: \_\_\_\_\_ First name: \_\_\_\_\_

Title: \_\_\_\_\_ Telephone: \_\_\_\_\_  
(operator, representative, administrator)

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 **\$264** (2018 fee) 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**