



VILLE DE LAC-BROME
TOWN OF BROME LAKE

122, chemin Lakeside
Lac-Brome (Québec) J0E 1V0
Tél. : (450) 243-6111 Téléc. : (450) 243-5300
<http://ville.lac-brome.qc.ca>

Request form Minor variance

Reserved for the Municipality

Date of reception : _____ Date of CCU : _____
Request number : _____ Date of Municipal Council : _____

Owner

Name of owner : _____
Address : _____
City : _____ Province : _____ Postal Code : _____
Phone : _____ Fax : _____ Email : _____

Same as owner

Applicant

Name of applicant: _____
Address : _____
City : _____ Province : _____ Postal Code : _____
Phone : _____ Fax : _____ Email : _____

Information

Address of work : _____
Lot # : _____ Agricultural zone : Yes No
Roll number : _____ Zone : _____

Type of building included in the request

- | | |
|---|--|
| <input type="checkbox"/> Single-family dwelling | <input type="checkbox"/> Agricultural building |
| <input type="checkbox"/> Semi-detached dwelling | <input type="checkbox"/> Commercial building |
| <input type="checkbox"/> Multi-family dwelling | <input type="checkbox"/> Industrial building |
| <input type="checkbox"/> Accessory building | <input type="checkbox"/> Other |

Specify : _____ Specify : _____

Which By-law cannot be respected? Zoning Subdivision

The reason why you cannot comply with this By-law?



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**Request form
 Minor variance**

Describe your request :

Documents to attach to your request

- A certificate of location
- Any other document justifying the request
- A \$500 payment (non-refundable) for the analysis of the request

***** If the Town decides to publish a public notice in the newspaper, the publication fees are additional and payable by the applicant. *****

I, the undersigned, certify that the information provided in the present document is true, exact and complete.

Signed at _____ Signature _____
 Date _____ **Owner or representative**

I certify that I have received \$500 for the minor variance request.
 Yes No Signature _____ **Designated employee**