



NOTICE TO EVALUATOR FOR UPDATE OF PROPERTY FILE

1. 1. Applicant (Owner or authorized representative)

Name _____ Phone number _____

Address _____

E-mail _____

2. Location of work

Registration number _____

Cadastre _____

Address of the building _____

GPS coordinates _____

Rental file number _____

3. Characteristics of work - Main Building

- Construction Renovation Enlargement Demolition

Size of existing or future building _____

Size of the enlargement _____

Size of the demolished building _____

Start of work scheduled on _____

End of work scheduled on _____

Cost of the work _____

Work description : _____

4. Characteristics of Work - Secondary Building

- Garage Shed Commerce Quay Septic installation

Warehouse Others _____

Dimension _____

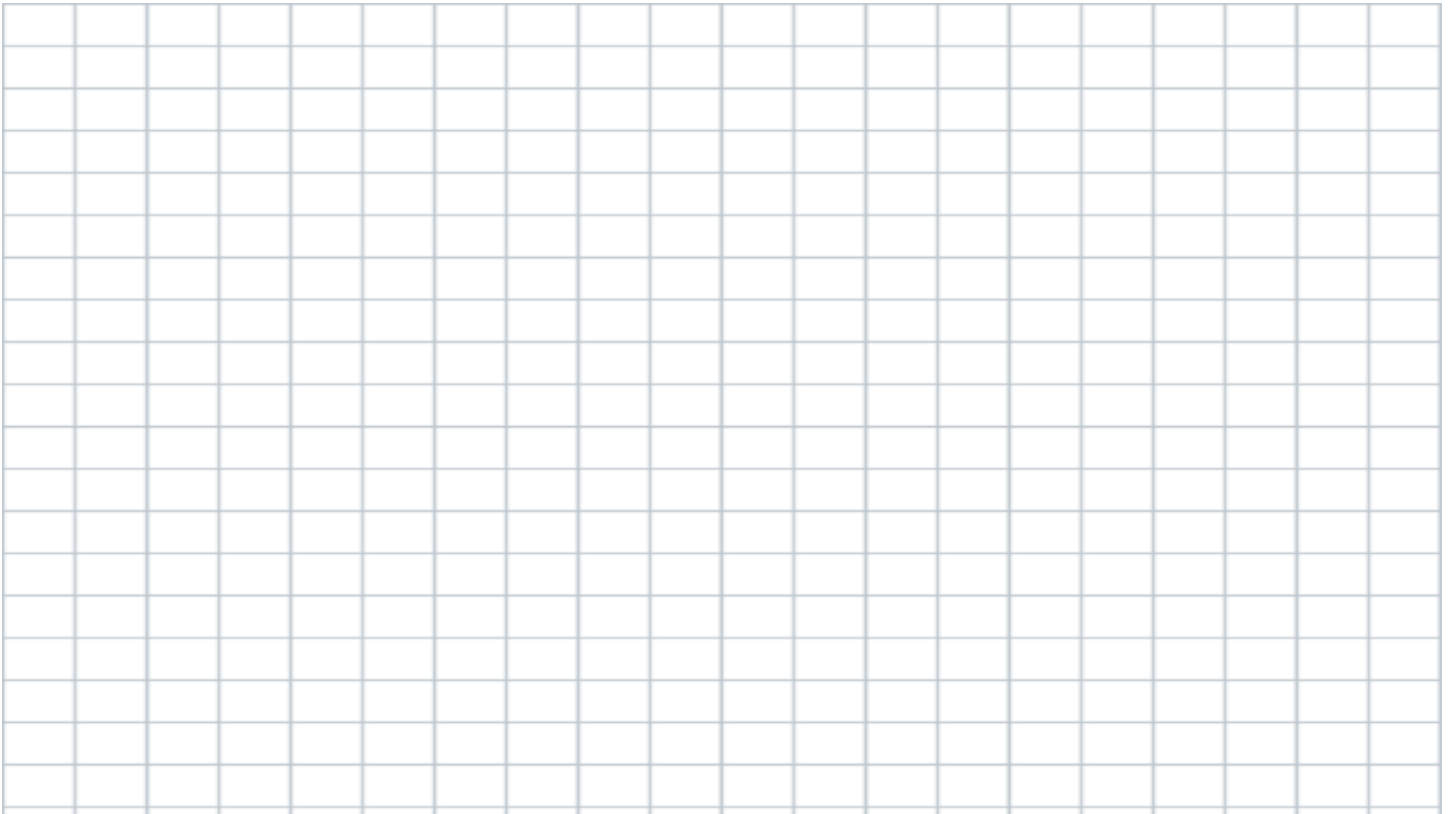
Start of work scheduled on _____

End of work scheduled on _____

Cost of the work _____

Work description : _____

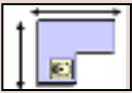
5. Building sketch – Please attach your plan to your shipment



6. Description of the building

PLEASE CHECK

DESCRIPTION DU BÂTIMENT / BUILDING DESCRIPTION

FOUNDATION	<input type="checkbox"/> PILLARS	<input type="checkbox"/> EXCAVATED PILLARS	<input type="checkbox"/> SOLE PLATE	<input type="checkbox"/> LOW WALL	<input type="checkbox"/> FOOTING	<input type="checkbox"/> BASEMENT
ROOF	<input type="checkbox"/> ASPHALT SHINGLES		<input type="checkbox"/> TIN SHEET		<input type="checkbox"/> PAPER	
CEILINGS	<input type="checkbox"/> WALL PANELS <input type="checkbox"/> PLYWOOD		<input type="checkbox"/> GYPSUM BOARD <input type="checkbox"/> BOARDS		<input type="checkbox"/> CEILING TILES <input type="checkbox"/> NONE	
PARTITIONS	<input type="checkbox"/> WALL PANELS <input type="checkbox"/> PLYWOOD		<input type="checkbox"/> GYPSUM BOARD <input type="checkbox"/> BOARDS		<input type="checkbox"/> ORIENTED STRAND BOARD <input type="checkbox"/> NONE	
FLOORS	<input type="checkbox"/> LINOLEUM <input type="checkbox"/> CARPET <input type="checkbox"/> TILE FLOOR		<input type="checkbox"/> TILES <input type="checkbox"/> LAMINATED FLOOR		<input type="checkbox"/> PAINT <input type="checkbox"/> NONE	
HEATING	<input type="checkbox"/> WOOD STOVE <input type="checkbox"/> OIL HEATER <input type="checkbox"/> NONE		<input type="checkbox"/> BUILT-IN-FIREPLACE <input type="checkbox"/> ELECTRIC BASEBOARDS		<input type="checkbox"/> NON BUILT-IN-FIREPLACE <input type="checkbox"/> GAS HEATER	
ELECTRICITY	<input type="checkbox"/> GENERATOR		<input type="checkbox"/> SOLAR PANEL		<input type="checkbox"/> ELECTRICAL PANEL	
WATER HEATER	<input type="checkbox"/> NONE		<input type="checkbox"/> GAS		<input type="checkbox"/> ELECTRIC	
PLUMBING HOW MANY ?	<input type="checkbox"/> WASHBASIN <input type="checkbox"/> SHOWER		<input type="checkbox"/> SINK <input type="checkbox"/> TOILET		<input type="checkbox"/> BATH <input type="checkbox"/> NONE	
SEPTIC INSTALLATION	<input type="checkbox"/> SEPTIC TANK <input type="checkbox"/> SEPTIC BED		<input type="checkbox"/> CATCH BASIN <input type="checkbox"/> NONE		<input type="checkbox"/> ABSORBING WELL	
WATER SUPPLY	<input type="checkbox"/> SHALLOW WELL <input type="checkbox"/> DRINKABLE		<input type="checkbox"/> ARTESIAN WELL <input type="checkbox"/> NON DRINKABLE		<input type="checkbox"/> BY GRAVITY <input type="checkbox"/> NONE	
CABINETS 	TOTAL LENGHT : → WALL CABINETS : <input type="text"/> → BASE CABINETS: <input type="text"/> <input type="checkbox"/> NO CABINET				<input type="checkbox"/> METERS <input type="checkbox"/> FEETS CABINETS FINISH: <input type="checkbox"/> WOOD <input type="checkbox"/> MELAMINE	
EXTERIOR WALLS	<input type="checkbox"/> WOOD <input type="checkbox"/> VINYL SIDING <input type="checkbox"/> OTHER <input type="text"/>		<input type="checkbox"/> ALUMINIUM SIDING <input type="checkbox"/> CANEXEL SIDING		<input type="checkbox"/> PLYWOOD <input type="checkbox"/> NONE	
DOORS AND WINDOWS	<input type="checkbox"/> NUMBER OF DOORS <input type="text"/>		<input type="checkbox"/> NUMBER OK WINDOWS <input type="text"/>		<input type="checkbox"/> PATIO DOOR <input type="text"/>	

DECLARATION

I certify that the informations provided in this document are correct.

Signature _____

Date _____