

# RENOVATION PERMIT FOR ADDITION TO BUILDING / CHANGE OF USE



Health Protection Division  
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Public Health file number: \_\_\_\_\_ Date received: \_\_\_\_\_ Receipt #: \_\_\_\_\_

For addition to building (complete section A&B), for change of use (complete section A&C).  
This form is to be accompanied by a \$300.00 fee payable to Public Health Sudbury & Districts.

## Section A: Owner information

Name: \_\_\_\_\_  
Telephone: Home: \_\_\_\_\_ Work: \_\_\_\_\_  
Mailing address: \_\_\_\_\_ City/Province: \_\_\_\_\_ Postal code: \_\_\_\_\_

## Legal description

Municipality: \_\_\_\_\_ Township: \_\_\_\_\_ Lot: \_\_\_\_\_ Conc: \_\_\_\_\_  
Parcel(s): \_\_\_\_\_ Plan No.(s): \_\_\_\_\_ Sublot(s): \_\_\_\_\_  
PIN: \_\_\_\_\_ Other: \_\_\_\_\_  
House number: \_\_\_\_\_ Street/Road: \_\_\_\_\_ City: \_\_\_\_\_

Directions to property:

Stamp for building  
department

## Existing sewage system information: Do you have records on your existing sewage disposal system?

Sewage system permit number: \_\_\_\_\_  
 No permit number (Please complete information below.)  
State the year the sewage system was installed: \_\_\_\_\_ State the year the house was built: \_\_\_\_\_  
State the name of the previous owner(s):  
1. \_\_\_\_\_ 3. \_\_\_\_\_  
2. \_\_\_\_\_ 4. \_\_\_\_\_

## Section B: State construction details

Addition or alteration to building:

Number existing	Additional proposed	Total on completion
Square footage:	Square footage:	Square footage:
Bedrooms:	Bedrooms:	Bedrooms:
Toilets:	Toilets:	Toilets:
Bathtubs and/or showers:	Bathtubs and/or showers:	Bathtubs and/or showers:
Each sink or washbasin:	Each sink or washbasin:	Each sink or washbasin:
Dishwashers:	Dishwashers:	Dishwashers:
Clothes washers:	Clothes washers:	Clothes washers:
Laundry tubs:	Laundry tubs:	Laundry tubs:
Other (state):	Other (state):	Other (state):

## Lot diagram and sewage system plan

- Show lot lines, lot dimensions, all structures, and proposed additions.
  - Indicate exact location of the existing septic tank and leaching bed including their horizontal distance to any buildings or structures (proposed or existing).
- See attached diagram/site plan

## Section C: State change of use details

I hereby certify that the information contained in this application is correct to the best of my knowledge.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Authorization

**Authorization is required when this request is made by a person who is not the registered owner.** I the owner hereby authorize Public Health Sudbury & Districts to release any information for the above noted property in the possession of Public Health Sudbury & Districts to the said agent.

Name of authorized agent: \_\_\_\_\_ Agent telephone number: \_\_\_\_\_

Agent mailing address: \_\_\_\_\_ City/Province: \_\_\_\_\_ Postal code: \_\_\_\_\_

Owner(s) name: \_\_\_\_\_

**Owner(s) signature required:** \_\_\_\_\_ **Date:** \_\_\_\_\_

To meet public health requirements, any personal information on this form is collected under the authority of one or more of the following (as amended) and related regulations: *Health Protection and Promotion Act, R.S.O. 1990; Smoke Free Ontario Act, S.O. 2017; Skin Cancer Prevention Act, 2013, S.O. 2013; Healthy Menu Choices Act, 2015, S.O. 2015; Safe Drinking Water Act, 2002, S.O. 2002; Ontario Building Code Act, 1992, S.O. 1992; Funeral, Burial and Cremation Services Act, 2002, S.O. 2002; Environmental Protection Act, R.S.O. 1990; Regulated Health Professions Act, 1991, S.O. 1991; and is in compliance with the Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990 and the Personal Health Information Protection Act, 2004, S.O. 2004. Questions about this collection should be directed to the Program Manager at Public Health Sudbury & Districts, 1300 Paris Street, Sudbury, ON P3E 3A3, 705.522.9200, ext. 398.*