

CONSENT, ZONING, OR OTHER GOVERNMENT AGENCIES APPLICATION



Health Protection Division
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Cash Debit Cheque Visa MC

Public Health file number: _____ Date received: _____ Receipt #: _____

Application from the Planning Authority / Board and diagram must be submitted with this form.

Owner information

Legal name: _____

Chosen name (if different from legal 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

(Show highways, roads, signs, landmarks, etc. to follow)

Extraordinary travel costs by air, water, etc. are to be incurred by the applicant.

Fee schedule

1. Consent application(s)						
2	(1 retained - 1 severed)	Lots @	\$250.00	=	\$500.00	
3	(1 retained - 2 severed)	Lots @	\$250.00	=	\$750.00	
4	(1 retained - 3 severed)	Lots @	\$250.00	=	\$1,000.00	
5	(1 retained - 4 severed)	Lots @	\$250.00	=	\$1,250.00	
6	(1 retained - 5 severed)	Lots @	\$250.00	=	\$1,500.00	
2. Zoning application(s)					Fee payable	\$
1	Zoning @ \$250.00 (if not part of consent application)					
1	No cost for zoning (if submitted with a consent application)					
					Fee payable	\$
3. Other government agencies (OGA) application(s)						
1	OGA @ \$250.00				=	\$250.00
					Fee payable	\$

Site plan diagram

See attached diagram/site plan

Indicate North

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) legal name: _____

Owner(s) chosen name (if different from legal 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.

R: 03/2024