RENOVATION PERMIT / ACCESSORY STRUCTURE APPLICATION



Health Protection Division 1300 Paris Street, Sudbury, ON P3E 3A3 Tel: 705 522 9200 ext 398

| Fax: 705.677.9607 | _ | | | |
|--|--|-------------------------------------|---------------------------------|--|
| Email: OBCEnquiries@phsd.co | Date received: _ | | Debit | |
| | | | | |
| | d by a \$500.00 fee payable to Pi | | | |
| Structures include such thing | s a minimum setback distances fr s as garages, swimming pools, de | cks, and sheds. | , , , | |
| | proposed structure meets require e a site visit to the property to ve | | | |
| Unless the location of the sew system in order to measure di | age system is obvious, it may be stance. | necessary to expo | se some part of the sewage | |
| Owner information | | | | |
| Legal name: | | | | |
| Chosen name (if different from | n legal name): | | | |
| Telephone: Home: | | Work: | | |
| Mailing address: | City/Province: | | Postal code: | |
| Legal description | | | | |
| Municipality: | Township: | I | Lot: Conc: | |
| Parcel(s): | Plan No.(s): | Su | blot(s): | |
| PIN: Other: _ | | | | |
| House number: Street/Road: | | City: | | |
| Directions to property: | | | Stamp for building department | |
| | | | uepartillent | |
| Existing sewage syste | m information: Do you have | records on your ex | xisting sewage disposal system? | |
| ☐ Sewage system permit nur | | | | |
| ☐ No permit number (Please) | complete information below.) | | | |
| | | State the year the house was built: | | |
| State the name of the prev | | | | |
| | 3 | | | |
| | | | | |
| State construction det | ails | | | |
| State type and detail of acces | sory structure: (Note: if building | a deck, state heigl | ht above ground) | |

| any buildings or structures (proposed or existing | ank and leaching bed including their horizontal distance to | |
|---|--|--|
| ☐ See attached diagram/site plan | | |
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| I hereby certify that the information contained in this | application is correct to the best of my knowledge. | |
| | Date: | |
| | | |
| Authorization | | |
| - | y a person who is not the registered owner. I the owner or release any information for the above noted property in 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 to | under the authority of one or more of the following (as amended) and related regulations: Health 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: 02/2025

Lot diagram and sewage system plan