

RENOVATION PERMIT / ACCESSORY STRUCTURE APPLICATION



Public Health
Santé publique
SUDBURY & DISTRICTS

Health Protection Division
1300 Paris Street, Sudbury, ON P3E 3A3
Tel: 705.522.9200, ext. 398
Fax: 705.677.9607
Email: OBCEnquiries@phsd.ca

Cash Debit Cheque Visa MC

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

This form is to be accompanied by a \$300.00 fee payable to Public Health Sudbury & Districts.

The Ontario Building Code has a minimum setback distances from structures to parts of a private sewage system. Structures include such things as garages, swimming pools, decks, and sheds.

In order to determine if your proposed structure meets required setback distances, Public Health Sudbury & Districts must make a site visit to the property to verify if distances have been met.

Unless the location of the sewage system is obvious, it may be necessary to expose some part of the sewage system in order to measure distance.

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:

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. _____

State construction details

State type and detail of accessory structure: (Note: if building a deck, state height above ground)

Lot diagram and sewage system plan

- a. Show lot lines, lot dimensions, all structures, and proposed additions.
 - b. 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

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