

RENOVATION PERMIT FOR ADDITION TO BUILDING / CHANGE OF USE



Health Protection Division
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Cash Debit Cheque Visa MC

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

Legal name: _____
Chosen name (if different from legal name): _____
Telephone: Home: _____ Work: _____
Mailing address: _____

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

State type and detail of addition or alteration to building (this section must be completed):

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 : _____

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.