

RENOVATION PERMIT FOR ADDITION TO BUILDING / CHANGE OF USE



**Public Health
Santé publique**
SUDBURY & DISTRICTS

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 \$500.00 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.*