

# BUILDING ALTERATION/ CHANGE OF USE APPROVAL



Northeastern  
**PUBLIC HEALTH**  
**SANTÉ PUBLIQUE**  
du Nord-Est

Environmental Health Services  
Postal Bag 2012, Timmins, ON P4N 8B7  
Tel: 1-877-442-1212  
Fax: 705-264-3980  
inspections@neph.ca

Cash  Debit  MO  Cheque  Visa  MC  
Date received: |<sup>YEAR</sup> |<sup>MONTH</sup> |<sup>DAY</sup> Receipt:  
Health Unit file number:

The Health Unit requires 15 working days to complete this request. This form is to be accompanied by a \$230.00 fee payable to Northeastern Public Health. Subject to change without notification. Note: If the information requested is NOT COMPLETE or is INCORRECT, this application CANNOT be processed. **Section A, B & D to be completed for addition to building; and section A, C & D for change of use (Please print clearly).**

## SECTION A: Owner information

Name: \_\_\_\_\_  
Mailing address: \_\_\_\_\_ City/Province: \_\_\_\_\_ Postal code: \_\_\_\_\_  
Telephone: Home: \_\_\_\_\_ Work/Fax: \_\_\_\_\_ Cell: \_\_\_\_\_

## 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) Please note: Extraordinary travel costs by air, water, etc. are to be incurred by the applicant.

## Existing sewage system information

Sewage system permit number: \_\_\_\_\_  
 No permit number (Please complete information below.)  
Year the sewage system was installed: \_\_\_\_\_ Year the house was built: \_\_\_\_\_  
Previous owner(s): \_\_\_\_\_

## Water supply information

a)  Proposed  Existing      b)  Private  Municipal  Communal  
c)  Drilled well  Point  Dug or bored well  Other (specify: \_\_\_\_\_)

## SECTION B: Construction details

Addition or alteration to building:

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:	Other:	Other:

### 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: Change of use details**

---

**SECTION D: Signature and authorization**

---

I hereby certify that the information contained in this application is correct to the best of my knowledge.

**Signature:** \_\_\_\_\_

**Date:** |YEAR |MONTH |DAY

**Authorization**

---

Authorization is required when this request is made by a person who is not the registered owner. I, the owner, hereby authorize Northeastern Public Health to release any information for the above-noted property in the possession of Northeastern Public Health to the said agent.

Name of authorized agent: \_\_\_\_\_

Agent mailing address: \_\_\_\_\_ City/Province: \_\_\_\_\_

Postal code: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Owner(s) name (print clearly): \_\_\_\_\_

**Owner(s) signature required:** \_\_\_\_\_

**Date:** |YEAR |MONTH |DAY

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. 1994; Skin Cancer Prevention Act, 2013, S.O. 2013; Electronic Cigarettes 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 Northeastern Public Health, Timmins office, 1-877-442-1212, ext.4118.