

BUILDING ALTERATION/ CHANGE OF USE APPLICATION



Public Health Inspection Services
169 Pine Street South, Timmins, ON P4N 6H4
Tel: 705.267.1181 Ext. 2996 or 1.800.461.1818
Fax: 705.264.3980
inspections@porcupinehu.on.ca

Cash Debit MO Cheque Visa MC
Date received: |YEAR| |MONTH| |DAY| 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 the Porcupine Health Unit. 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 the Porcupine Health Unit to release any information for the above-noted property in the possession of the Porcupine Health Unit 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 the Porcupine Health Unit, Timmins office, 705.267-1181, ext. 2304.

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|--|--|---|---|--|--|--|---|--|
| <input type="checkbox"/> TIMMINS
169 Pine St. South
Postal Bag 2012
P4N 8B7
Tel. (705) 267-1181
Fax (705) 264-3980
Toll free 800 461 1818 | <input type="checkbox"/> COCHRANE
2-233 8 th Street
P0L 1C0
Tel. (705) 272-3394
Fax (705) 272-4996 | <input type="checkbox"/> HEARST
Medical Centre
1403 Edward St.
Box 2470, P0L 1N0
Tel. (705) 362-4854
Fax (705) 362-7462 | <input type="checkbox"/> HORNEPAYNE
247 Third Avenue
Box 127, P0M 1Z0
Tel. (807) 868-2091
Fax (807) 868-2225 | <input type="checkbox"/> IROQUOIS
FALLS
58A Anson Drive
Box 575, P0K 1G0
Tel. (705) 258-2247
Fax (705) 258-2249 | <input type="checkbox"/> KAPUSKASING
4 Ash, P5N 2C8
Tel. (705) 335-6101
Fax (705) 337-1895 | <input type="checkbox"/> MATHESON
Bingham Hospital
507 Eighth Avenue
Box 490, P0K 1N0
Tel. (705) 273-2954
Fax (705) 273-2522 | <input type="checkbox"/> MOOSONEE
38 Revillon Road
Box 730, P0L 1Y0
Tel. (705) 336-2294
Fax (705) 336-2919 | <input type="checkbox"/> SMOOTH ROCK
FALLS
141 5 th Street
Box 388, P0L 2B0
Tel. (705) 338-2654
Fax (705) 338-2250 |
|--|--|---|---|--|--|--|---|--|