

# CONSENT, ZONING, SUBDIVISION OR LAND USE EVALUATION



Environmental Health Services  
169 Pine Street South, Timmins, ON P4N 7K3  
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Cash  Debit  MO  Cheque  Visa  MC  
|MONTH |DAY Receipt: \_\_\_\_\_

Health Unit file number: \_\_\_\_\_ Date received: |YEAR

The Health Unit requires 15 working days to complete this request. **An application from the Planning Authority/Board and diagram must be submitted with the fee schedule.** Subject to change without notification. Note: If the information requested is NOT COMPLETE or is INCORRECT, this application CANNOT be processed.

## Please print clearly

Request from: \_\_\_\_\_

Mailing address: \_\_\_\_\_ City/Province: \_\_\_\_\_

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

Residential  Commercial (Name and type of commercial property): \_\_\_\_\_

## 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.

## Fee schedule

### 1. Consent application(s)

2 (1 retained + 1 severed)	Lots @	\$250.00	=	\$500.00	
3 (1 retained + 2 severed)	Lots @	\$250.00	=	\$750.00	
4 (1 retained + 3 severed)	Lots @	\$250.00	=	\$1,000.00	
5 (1 retained + 4 severed)	Lots @	\$250.00	=	\$1,250.00	
<b>Fee payable</b>					<b>\$</b>

### 2. Zoning/Minor variance application(s)

1	Zoning@ \$250.00 (if not part of consent application)	<b>Fee payable</b>	<b>\$</b>
1	No cost for zoning if submitted with a consent application.		

<b>3. Subdivision application(s)</b>	# of lots [ ]	x	\$250.00	=	<b>Fee payable</b>	<b>\$</b>
<b>4. Land Use Evaluation</b>	# of lots [ ]	x	\$325.00	=	<b>Fee payable</b>	<b>\$</b>

# Site plan diagram

See attached diagram/site plan

Indicate North

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. 2017; Skin Cancer Prevention Act, S.O. 2013; Healthy Menu Choices Act, S.O. 2015; Safe Drinking Water Act, S.O. 2002; Ontario Building Code Act, S.O. 1992; Funeral, Burial and Cremation Services Act, S.O. 2002; Environmental Protection Act, R.S.O. 1990; Regulated Health Professions Act, 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, 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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