



Regional Municipality of Durham Health Department Application for Consent Building Additions

- 101 Consumers Drive, 2nd Floor, Whitby, 905-668-2020
- 181 Perry Street, 2nd Floor, Port Perry, 905-985-4889

Office use: Date: _____ Amount: _____ Receipt No.: _____ File No.: _____

Applicant is **Owner** **or** **Authorized Agent of Owner**

Last Name: _____ First Name: _____

Corporation: _____

Street Address: _____ City/Prov: _____

Postal Code: _____

Phone Number: _____ Email Address: _____

Owner

Last Name: _____ First Name: _____

Corporation: _____

Street Address: _____ City/Prov: _____

Postal Code: _____

Phone Number: _____ Email Address: _____

Property Information

Municipality (from Tax Bill): _____

Complete Mailing Address: _____

Roll No.: _____ Concession: _____ Lot: _____ Sublot: _____

Reg Plan: _____ Lot Size: _____

Site Details (Attach Plot Plan or draw on Diagram Page)

Description of proposed construction and/or change of use:

Existing Building Information:

- Residential
- Commercial
- Industrial
- Other

Size (M2): _____ No. of Bedrooms: _____

Number of Fixture Units: Bathroom Group (Toilet, Sink and Tub/Shower): _____ Toilet _____

Dishwasher: _____ Washbasin: _____ Clotheswasher: _____ Tub/Shower: _____ Laundry Tub: _____

Kitchen Sink: _____

Personal Information contained on this form is collected under the authority of the Building Code Act, S.O. 1992, C.23. It will be used for the enforcement and administration of the Act. Question about this collection can be directed to the Director of the Health Protection Division, Durham Region Health Department at 1-888-777-9613.

Proposed Change(s) the Building/Property:

Size (M2):_____ No. of Bedrooms:_____

Number of Fixture Units: Bathroom Group (Toilet, Sink and Tub/Shower):_____ Toilet _____

Dishwasher:____Washbasin:____Clotheswasher:____Tub/Shower:____Laundry Tub:____

Kitchen Sink:_____

Existing Water Source and Sewage Disposal System Information

Water Supply: Municipal Private (select type): Dug or Bored Well Drilled Well

Other:_____

Existing Sewage Disposal System: File No. (if known):_____

Year Installed (if known):_____

Septic Tank and Leaching Bed Holding Tank Other:_____

Declaration

I certify that the above information is complete and correct

Signature of Owner/Applicant:_____Date:_____