



# Regional Municipality of Durham Health Department Application for Consent Building Additions

101 Consumers Drive, 2nd Floor, Whitby, 905-723-3818  
 181 Perry Street, 2nd Floor, Port Perry, 905-985-4889

Office use only: Date: \_\_\_\_\_ Amount: \_\_\_\_\_ Receipt No.: \_\_\_\_\_ File No.: \_\_\_\_\_

## General Information

Name of Applicant: \_\_\_\_\_ Telephone No.: \_\_\_\_\_  
Complete Mailing Address: \_\_\_\_\_  
Name of Owner: \_\_\_\_\_ Telephone No.: \_\_\_\_\_  
Complete Mailing Address: \_\_\_\_\_

## Property Information

Municipality (from Tax Bill): \_\_\_\_\_ Roll No.: \_\_\_\_\_  
Complete Mailing Address: \_\_\_\_\_  
Concession: \_\_\_\_\_ Lot: \_\_\_\_\_ Sublot: \_\_\_\_\_ Registered Plan: \_\_\_\_\_ Lot Size: \_\_\_\_\_ M<sup>2</sup>

## 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 (M<sup>2</sup>): \_\_\_\_\_ No. of Bedrooms: \_\_\_\_\_  
**Number of Fixture Units:** Bathroom Group (Toilet, Sink & Tub/Shower): \_\_\_\_\_ Toilet \_\_\_\_\_  
Dishwasher \_\_\_\_\_ Washbasin \_\_\_\_\_ Clotheswasher \_\_\_\_\_ Tub/Shower \_\_\_\_\_ Laundry Tub \_\_\_\_\_ Kitchen Sink \_\_\_\_\_  
Other \_\_\_\_\_

## Proposed Change(s) the Building/Property:

Residential  Commercial  Industrial  Other Size (M<sup>2</sup>): \_\_\_\_\_ No. of Bedrooms: \_\_\_\_\_  
**Number of Fixture Units:** Bathroom Group (Toilet, Sink & Tub/Shower): \_\_\_\_\_ Toilet \_\_\_\_\_  
Dishwasher \_\_\_\_\_ Washbasin \_\_\_\_\_ Clotheswasher \_\_\_\_\_ Tub/Shower \_\_\_\_\_ Laundry Tub \_\_\_\_\_ Kitchen Sink \_\_\_\_\_  
Other \_\_\_\_\_

## Existing Water Source & 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 & Leaching Bed  Holding Tank  Other \_\_\_\_\_

## Declaration

I certify that the above information is complete and correct

Signature of Owner/Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

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. Questions about this collection can be directed to the Manager, Health Information, Privacy and Security, 605 Rossland Rd E., P.O. Box 730, Whitby ON, L1N 0B2, 905-668-7711.