

Regional Municipality of Durham Health Department Application for Consent for Building Addition or Change of Use

| ☐ 101 Consumers Drive | , 2nd Floor, Whitby | \square 181 Perry Street, 2nd Floor, Port Perry | | | |
|-------------------------------|---------------------|---|--|--|--|
| □ Bu | ilding Addition | ☐ Change of Use | | | |
| Applicant: Applicant is | ☐ Owner or | ☐ Authorized Agent of Owner | | | |
| Last Name: | _ | First Name: | | | |
| Corporation or Partnership: | | | | | |
| Street Address: | | | | | |
| | Postal Code: | | | | |
| Phone: | Email Address: | | | | |
| Owner: | | | | | |
| Last Name: | First Name: | | | | |
| Corporation or Partnership: | | | | | |
| Street Address: | | | | | |
| | | Postal Code: | | | |
| Phone: | Email Address: | | | | |
| Property Information: | | | | | |
| Municipality (from Tax Bill): | | | | | |
| Street Address: | | | | | |
| City/Province: | | Postal Code: | | | |
| Roll Number (from Tax Bill): | | Concession: Lot: Sublot: | | | |
| Reg Plan: | Lot Size (M²): _ | | | | |
| | | | | | |

Site Details: (attach Plot Plan or draw on Diagram page for a Building Addition)

Description of Proposed Construction and/or Change of Use:

| Existing Building Information: | | | | | | | |
|--|----------------------|--------------|---------------|-------------------|--|--|--|
| Residential | ☐ Commercial | ☐ Industrial | ☐ Other | | | | |
| | Number | | | | | | |
| Number of Fixture Units: | | | | | | | |
| Bathroom Group (Toilet, Sink and Tub/Shower): | | | Toilet: | | | | |
| Dishwasher: | Washbasin: | | Clothes Wash | ner: | | | |
| Tub/Shower: | Laundry Tu | b: | Kitchen Sink: | | | | |
| Proposed Change(s) to Building / Property: | | | | | | | |
| Residential | ☐ Commercial | ☐ Industrial | ☐ Other | | | | |
| ☐ Accessory Dwelling Unit | | | | | | | |
| Size (M ²): | Number | of Bedrooms: | | | | | |
| Number of Fixture Units: | | | | | | | |
| Bathroom Group (| Toilet, Sink and Tub | 'Shower): | | Toilet: | | | |
| Dishwasher: | Washbasin | : | Clothes Wash | ner: | | | |
| Tub/Shower: | Laundry Tu | b: | 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 Number (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 | er/Applicant· | - | | Date [.] | | | |

Personal Information contained on this form is collected under the authority of the Building Code Act, S.O. 1992, C.23. This information is collected and used for the enforcement and administration of the Act. Questions about this collection and use of information should be addressed to Durham Region Health Department, Manager, Health Information, Privacy and Security at 605 Rossland Rd E., P.O. Box 730, Whitby, ON L1N 0B2 905-668-7711.