Grey Bruce Health Unit
Building Alteration/Change of Use Application

NUMBER: _____
FEE: **$90.00**
MUNICIPALITY: _____
DATE REC'D: _____

PLEASE COMPLETE EACH QUESTION COMPLETELY (PRINT)

Owner	**Contractor**
Mailing Address	Mailing Address
Postal Code Tel. #	Postal Code Tel. #

- Legal description: Lot_____Concession _____ Sub lot_____Reg. Plan No. _____
- Roll Number _____
- (Former)Township/Town _____ Street Address _____
- Size of lot: Frontage_____ Depth _____ Area _____
- Details of proposed alteration/change of use (including total number of bedrooms, additional plumbing fixtures existing and proposed :_____

  _____

  Exiting use: _____ Floor Area: _____ Proposed use: _____ Floor Area: _____

  Floor area (excluding basement); Existing: _____ Proposed: _____

  Year structure was built: _____ Original owner's name: _____
- Details of sewage system (date installed, size of septic tank and leaching bed, Use Permit/Sewage System Permit number, etc.):

  _____
- Water Supply:
  Dug or Bored Well Drilled Well Private Municipal Communal
  Spring Lake Other Proposed Existing
- Sketch of proposal must include:(existing structures, sewage system, water supply, proposed alterations to structure, lot lines, north arrow etc.): **(Please provide sketch on reverse side)**
- Is the property currently subject to a Minor Variance, Zoning, Official Plan Amendment or Niagara Escarpment Development Permit? Yes No

If yes, please provide details: _____

I certify the above information to be correct

_____ _____
Signature of Owner/Agent **Date**

Travel directions to lot: Civic Address: House Number (Emergency Response Number)

HEALTH UNIT USE ONLY

☐ **Recommended for approval** ☐ **Not recommended for approval** ☐ **See comments**

Comments:

_____ _____
Inspector **Date**

Personal information contained in this form is collected under the authority of the Building Code Act, S.O. 1992, c.23 as amended by S.O. 1997, c.24[1] and S.O. 1997, c.30, Schedule B[2] . This information will be used for the principal purpose of establishing compliance with the Act and will be shared with the municipality.

Grey Bruce Health Unit

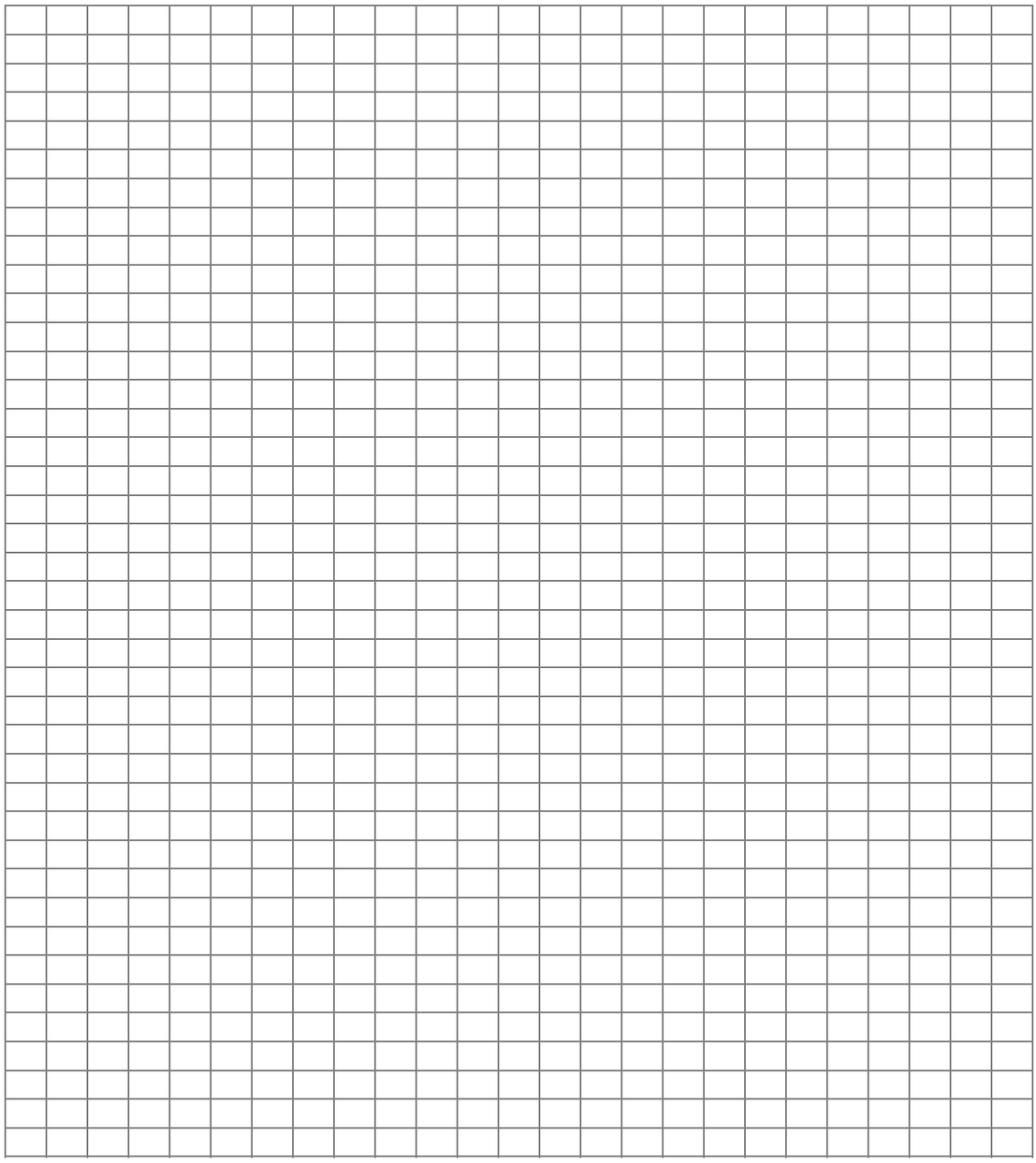
Head Office: 920 1st Avenue West, Owen Sound, Ontario N4K 4K5 (519)376-9420, 1-800-263-3456, Fax (519) 376-0980

P.O. Box 417
Durham, Ontario
N0G 1R0
(519) 369-3318
1-800-394-6643
Fax (519) 369-6258

P.O. Box 248
Walkerton, Ontario
N0G 2V0
(519) 881-1920
1-800-821-7714
Fax (519) 881-3920

Please submit completed form to the _____office.

SKETCH



NOTE:
Sketch of proposal should include existing structures, sewage disposal system, water supply location, setbacks from property lines and proposed alterations to structure or lot. (Include north arrow).

Incomplete information or sketch may delay review of your application or result in your application being returned.

_____ _____

Signature of Owner/Agent **Date**