

CONSENT, ZONING, OR OTHER GOVERNMENT AGENCIES APPLICATION



Health Protection Division
1300 Paris Street, Sudbury, ON P3E 3A3
Tel: 705.522.9200, ext. 398
Fax: 705.677.9607
Email: OBCEnquiries@phsd.ca

Cash Debit Cheque Visa MC

Public Health file number: _____ Date received: _____ Receipt #: _____

Application from the Planning Authority / Board and diagram must be submitted with this form.

Owner information

Legal name: _____

Chosen name (if different from legal name): _____

Phone (home): _____ Phone (work): _____

Mailing address: _____ City/Province: _____ Postal code: _____

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)

Extraordinary travel costs by air, water, etc. are to be incurred by the applicant.

Fee schedule

Consent application(s)		
2 (1 retained - 1 severed)	Lots @ \$350 = \$700	
3 (1 retained - 2 severed)	Lots @ \$350 = \$1,050	
4 (1 retained - 3 severed)	Lots @ \$350 = \$1,400	
5 (1 retained - 4 severed)	Lots @ \$350 = \$1,750	
6 (1 retained - 5 severed)	Lots @ \$350 = \$2,100	
Fee payable:		
Zoning application(s)		
1	Zoning @ \$350 (if not part of consent application)	
1	No cost for zoning (if submitted with a consent application)	
Fee payable:		
Other government agencies (OGA) application(s)		
1	OGA @ \$350 = \$350	
Fee payable:		

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.

Applicant's signature: _____ Date: _____

Authorization

Authorization is required when this request is made by a person who is not the registered owner. I the owner hereby authorize Public Health Sudbury & Districts to release any information for the above noted property in the possession of Public Health Sudbury & Districts to the said agent.

Name of authorized agent: _____ Agent telephone number: _____

Agent mailing address: _____ City/Province: _____ Postal code: _____

Owner(s) legal name: _____

Owner(s) chosen name (if different from legal name): _____

Owner(s) signature required: _____ Date: _____

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, 2013, S.O. 2013; Healthy Menu Choices Act, 2015, S.O. 2015; Safe Drinking Water Act, 2002, S.O. 2002; Ontario Building Code Act, 1992, S.O. 1992; Funeral, Burial and Cremation Services Act, 2002, S.O. 2002; Environmental Protection Act, R.S.O. 1990; Regulated Health Professions Act, 1991, 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, 2004, S.O. 2004*. Questions about this collection should be directed to the Program Manager at Public Health Sudbury & Districts, 1300 Paris Street, Sudbury, ON P3E 3A3, 705.522.9200, ext. 398.

R: 02/2025