

**Grey Bruce Health Unit
Building Alteration Application**

NUMBER: _____
FEE: **\$200.00**
MUNICIPALITY: _____
DATE RECD: _____

PLEASE COMPLETE EACH QUESTION (PRINT)
Please submit completed form to the Owen Sound office

Owner/Agent Name:

Mailing Address: _____

Postal Code: _____ Phone Number: _____

Project Location:

Civic Address (building number, street name): _____

Legal Description: Lot: _____ Concession: _____ Plan Number: _____

Municipality: _____ Former Township: _____

Property Roll Number: _____

Lot Size: Frontage _____ Depth _____ Area _____

Details of Building Alteration Proposed:

Current Number of Bedrooms: _____

Additional Number of Bedrooms Proposed: _____

Current Number of Plumbing Fixture Units: _____

Additional Number of Plumbing Fixture Units Proposed: _____

Current Finished Floor Area of dwelling: _____ (ft²/m²)

Additional Finished Floor Area Proposed: _____ (ft²/m²)

(Finished Floor area figures to exclude finished basement)

Details of existing Sewage System:

(Note: Where existing sewage system is not verifiable through records, the onus will be on the applicant to unearth key septic system components for review)

Permit Number: _____ Date Installed: _____

Previous Home Owners Names: _____

Septic Tank Volume: _____ L/IG

Type of Leaching Bed: _____

Length of distribution pipe/filter bed surface area: _____

Is the property currently subject to a Minor Variance, Zoning Amendment, 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

HEALTH UNIT USE ONLY

- Recommended for approval • Not Recommended for approval • See Comments

Inspector

Date

Grey Bruce Health Unit

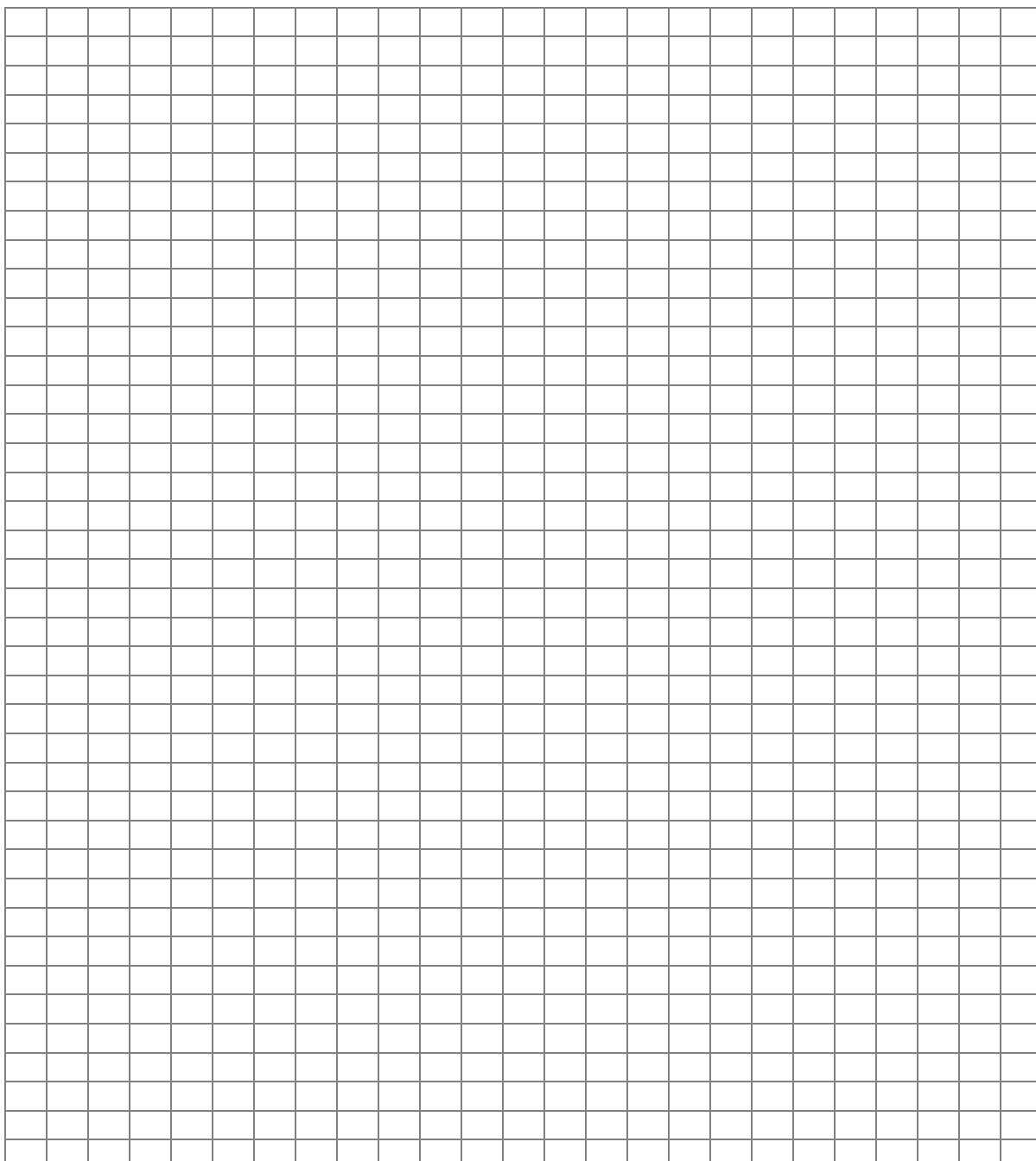
Head Office: 101 17th St E, Owen Sound, Ontario N4K 0A5 (519) 376-9420, 1-800-263-3456, Fax (519) 371-6005

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

Source: Common Residential Fixtures Hydraulic Loads
Ontario Building Code 2006
Table 7.4.9.3

Fixture	Hydraulic Load (fixture units)
Bathroom Group (flush toilet, sink & tub or shower)	6
Bathtub (with or without shower)	1.5
Shower Stall (1 head)	1.5
Flush Tank Toilet	4
Sink (single or double domestic & other small types)	1.5
Clothes Washing Machine	1.5
Laundry Tray (single or double with common drain)	1.5

SKETCH



- Please provide sketch of proposal including location of existing structures, proposed alterations to structures, location of any know septic system components, setbacks to property lines, north arrow, etc.
- Incomplete information or sketch may delay review of your application or result in your application being returned.

Signature of Owner/Agent

Date