



Technical Standards and Safety Authority  
 345 Carlingview Drive  
 Toronto, Ontario M9W 6N9  
 Tel: 416.734.3300  
 Fax: 416.231.4078  
 Customer Service: 1.877.682.8772  
 propane@tssa.org  
 www.tssa.org

**Level 1 Risk and Safety Management Plan (RSMP)**  
**Technical Standards and Safety Act**  
 Propane Storage and Handling Regulation

This Level 1 RSMP applies to:
 

- a facility with a total propane storage capacity of 5,000 USWG or less; or
- a facility with a fixed propane storage capacity of exactly 5,000 USWG and no more than 500 USWG of portable propane storage capacity on site.

<p style="text-align: center; font-weight: bold;">Failure to fully complete this form may result in rejection.          Making a false statement may result in a fine or prosecution          under the <i>Technical Standards and Safety Act</i></p> <p><b>Licence Number</b> <span style="border: 1px solid black; display: inline-block; width: 150px; height: 15px;"></span></p> <p>Check applicable type of propane operations.</p> <p> <input checked="" type="checkbox"/> Cylinder             <input type="checkbox"/> Motor Fill             <input type="checkbox"/> Filling Plant             <input type="checkbox"/> Card/Keylock       </p> <p>Submit along with this completed application a Facility Site Plan and a Map of the Surrounding Area.</p>	<p style="text-align: center; font-weight: bold;">For Office Use Only</p> <div style="border: 1px solid black; height: 80px; margin-top: 5px;"></div>
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SECTION A: GENERAL INFORMATION

The Undersigned applies to TSSA for a review for an RSMP under Ontario's *Technical Standards and Safety Act*, Propane Storage and Handling Regulation.

<b>A</b> Company Name 2596455 Ontario Inc.	Corporation No.
Operator Name (if different from above)	
Telephone No. 647-531-4034	Fax No.
E-mail ultramar2017@hotmail.com	

<b>B</b> Street No. 245	Street Name / 911 Number / Address, if applicable South Edgeware Road	Nearest Major Intersection Burwell Road and South Edgeware Road
Town / City or Township / County St. Thomas	Province ON	Postal Code N5P 4C4

<b>C</b> Mailing address if different from above.		
Street No.	Street Name / 911 Number / Address, if applicable	Nearest Major Intersection
Town / City or Township / County	Province	Postal Code

<b>Information on Container Refill Centre or Filling Plant</b>		
Location of facility.		
<b>D</b> Street No. 245	Street Name / 911 Number / Address, if applicable South Edgeware Road	Nearest Major Intersection Burwell Road and South Edgeware Road
Town / City or Township / County St. Thomas	Province ON	Postal Code N5P 4C4

Name of Licence Holder 2596455 Ontario Inc.	Name of a Senior Management person as defined in the regulation holding the Record of Training (ROT). Marcel Odesho
Municipality (or municipalities if the facility or its hazard distance touches multiple borders) St. Thomas	
Hours of operation.	

This document is valid until the next licence renewal date. You are required by law to notify TSSA of any change of information.

Declaration: I am aware that it is an offence to give false information in this document and I hereby declare that the information I have given here is true and complete.

<b>Print name</b>	<b>Signature</b>	<b>Date (dd-mm-yyyy)</b>
Name of Licence Holder Marcel Odesho		10/05/2018
Name of Senior Management person as defined in the Regulation holding the Record of Training Marcel Odesho		10/05/2018



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**SECTION A: GENERAL INFORMATION (cont'd)**

Indicate the year the facility was established.      Indicate the year of any significant modifications, as defined in s.1, O.Reg 211/01, since establishment.  
 2015      N/A

Identify the psig rating and serial number for each fixed propane storage tank on site.

	PSIG	Serial Number
Tank1:	250	
Tank2:		
Tank3:		

Enter capacity of propane in USWG, fixed, portable, and mobile, and provide detailed inventory that includes the number of tank/vessel for each type (fixed, portable, and mobile) and the capacity of each tank/vessel, on a separate document.

Fixed: 2000 USWG      Portable: 139USWG      Mobile: \_\_\_\_\_

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Signature 	Telephone No. 647-531-4034
	Date (dd-mmm-yyyy) 10/05/2018



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**SECTION A: GENERAL INFORMATION (cont'd)**

Activity Information

<b>Name of Propane Supplier(s)</b> Superior General Partner Inc. o/a Superior Propane		For Office Use - Party No.	
<b>Street No.</b> 6750	<b>Street Name / 911 Number / Address, if applicable</b> Century Avenue, Suite 400		
<b>Town / City or Township / Country</b> Mississauga		<b>Province</b> Ontario	<b>Postal Code</b> L5N 2V8
<b>Telephone No.</b> 416-52-73551	<b>Fax No.</b> N/A	<b>Contact Name</b> Tom Duncan	
<b>E-mail</b> Tom_Duncan@SuperiorPropane.com			

<b>Name of Propane Transporter.</b> If same as above, please check box. <input type="checkbox"/>		For Office Use - Party No.	
Superior General Partner Inc. o/a Superior Propane			
<b>Street No.</b> 29495	<b>Street Name / 911 Number / Address, if applicable</b> Century Road		
<b>Town / City or Township / Country</b> Strathroy		<b>Province</b> Ontario	<b>Postal Code</b> N7G 3H7
<b>Telephone No.</b> (905) 979-1129	<b>Fax No.</b> N/A	<b>Contact Name</b> Mac Sutherland, Market Manager	
<b>E-mail</b> sutherlm@SuperiorPropane.com			

<b>Off-site Cylinder and/or Mobile Storage</b>	<b>Capacity stored off-site, in USWG</b>	For Office Use - Party No.
<b>Street No.</b>	<b>Street Name / 911 Number / Address, if applicable</b>	
<b>Town / City or Township / Country</b>		<b>Province</b>
<b>Telephone No.</b>		<b>Postal Code</b>
<b>Fax No.</b>	<b>Contact Name</b>	

Note: Customer storage is not considered off-site storage.

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<b>Signature</b> 	<b>Telephone No.</b> 647-531-4034
	<b>Date (dd-mmm-yyyy)</b> 10/05/2018



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**SECTION B: EMERGENCY AND PREPAREDNESS RESPONSE PLAN**

The licence holder will complete Section B in consultation with the local Fire Services.

Description of the maximum volume, types and storage location of other hazardous materials on site, if any.  
 Underground gasoline and diesel tanks are located at distance of 57FT from the propane tank.

Description of fire and emergency equipment indicated on facility site map.  
 Two fire extinguishers are located at the gasoline and diesel dispensers. Emergency shut down buttons are located one at the tank.

List of fire protection controls (e.g., fire detection systems, fire notification systems, alarm systems, automatic shut off devices, fusible links, etc.) and describe their function, use and operation.  
 Emergency stop push button at the tank.

Maintenance and testing schedule for fire protection controls and devices.  
 Maintenance and testing is undertaken by Superior Propane, Scheduled for key equipment is:

1. Pumps, Pump motor, ISC valves inspected and tested yearly
2. Storage tank relief valves - Inspected to meet Provincial Regulations
3. Fire extinguishers maintained by owner in accordance with the Ontario Fire Regulations Maintenance records are to be retained by Licensee.

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**SECTION B: EMERGENCY AND PREPAREDNESS RESPONSE PLAN (cont'd)**

1. Contacts for Emergency Response

<b>1. Facility Contact Personnel - Key Contact</b>		<b>5. Facility 24-Hour Contact Person</b>	
Name Marcel Odesho	For Office Use - Party No.	Name Marcel Odesho	For Office Use - Party No.
Official Title Owner		Official Title Owner	
Telephone No. 647-531-4034	Fax No.	Cell No. 647-531-4034	Fax No.
E-mail ultramar2017@hotmail.com		E-mail ultramar2017@hotmail.com	
Role and responsibilities in emergency In case of an emergency at the Gas Station or Propane dispenser please call 911.		Role and responsibilities in emergency In case of an emergency at the Gas Station or Propane dispenser please call 911.	
<b>2. Facility Contact Personnel - Alternate Contact</b>		<b>6. Name of Facility Manager</b>	
Name Nahrein Moshy	For Office Use - Party No.	Name Marcel Odesho	For Office Use - Party No.
Official Title Owner		Official Title	
Telephone No. 647-981-1105	Fax No.	Telephone No. 647-531-4034	Fax No.
E-mail ultramar2017@hotmail.com		E-mail ultramar2017@hotmail.com	
Role and responsibilities in emergency In case of an emergency at the Gas Station or Propane dispenser please call 911.		Role and responsibilities in emergency In case of an emergency at the Gas Station or Propane dispenser please call 911.	
<b>3. Local Fire Services - Key Contact</b>		<b>7. Propane Supplier Key Contact Person</b>	
Name Ray Ormerod	For Office Use - Party No.	Name Superior Propane Hotline	For Office Use - Party No.
Official Title Deputy Fire Chief	E-mail romerod@stthomas.ca	Official Title	E-mail
Telephone No. 519-631-0210	Fax No. 519-631-0215	Telephone No. 1-877-873-7467	Fax No.
Role and responsibilities in emergency Coordination of Municipal Fire Services, liason with property owner, administrator of the Fire Services and advisor to Municipal Council.		Role and responsibilities in emergency	
Fire Services Address 305 Wellington St., St. Thomas, ON N5R 2T2		Propane Supplier Address 6750 Century Avenue, Suite 400, Mississauga, ON L5N 2V8	
<b>4. Local Fire Services - Alternate Contact</b>		<b>8. Municipal Contact</b>	
Name	For Office Use - Party No.	Name	For Office Use - Party No.
Official Title	E-mail	Official Title	
Telephone No.	Fax No.	Telephone No.	Fax No.
Role and responsibilities in emergency		E-mail	
Fire Services Address		Municipality Name and Address	

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**SECTION B: EMERGENCY AND PREPAREDNESS RESPONSE PLAN (cont'd)**

**2. Additional Safety Measures**

Describe any other measures in place at the facility that exceed the minimum Code and Standards requirements.  
 Emergency shut off push button to shut down pump and close solenoid valve upstream of dispensing hoses.

[Empty lined area for additional safety measures]

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Signature <i>Marcel Odesho</i>		Telephone No. 647-531-4034	Date (dd-mmm-yyyy) 10/05/2018



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**SECTION B: EMERGENCY AND PREPAREDNESS RESPONSE PLAN (cont'd)**

3. Record of Emergency Training Provided - For most recent 12-month period.

Training on Emergency Response Plan and Procedures provided to facility key contacts.

Training Date (dd-mmm-yyyy) 23-10-2017	Print Name of Training Provider: FSN Training
	Print Name of Instructor: Joe McLeod
Training Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Training Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

Training on the facility's Emergency Management Procedures provided to staff.

Training Date (dd-mmm-yyyy) 23-10-2017	Print Name of Training Provider: FSN Training
	Print Name of Instructor: Joe McLeod
Training Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Training Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

On-site specific training provided to certificate holders / persons with Records of Training.

Training Date (dd-mmm-yyyy) 23-10-2017	Print Name of Training Provider: FSN Training
	Print Name of Instructor: Joe McLeod
Training Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Training Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

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**SECTION B: EMERGENCY AND PREPAREDNESS RESPONSE PLAN (cont'd)**

4. Emergency Training Plan for Coming Year

Training on Emergency Response Plan and Procedures provided to facility key contacts.

Target Date (dd-mmm-yyyy) TBD	Print Name of Training Provider: FSN Training
	Print Name of Instructor:
Target Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Target Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

Training on the facility's Emergency Management Procedures provided to staff.

Target Date (dd-mmm-yyyy) TBD	Print Name of Training Provider: FSN Training
	Print Name of Instructor:
Target Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Target Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

On-site specific training provided to certificate holders / persons with Records of Training.

Target Date (dd-mmm-yyyy) TBD	Print Name of Training Provider: FSN Training
	Print Name of Instructor:
Target Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Target Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

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**SECTION B: EMERGENCY AND PREPAREDNESS RESPONSE PLAN (cont'd)**

The licence holder will complete Section B in consultation with the local Fire Services.

**5. Emergency Response Communications Plan**

**Warnings and Actions**

Describe who gives warnings to whom, and how and when the warning will be given (including public notification as appropriate).  
 The Operator will contact emergency services by calling 911 and will provide warnings as outlined in the attached Propane Emergency Response Procedures placard (to be posted at site and be part of employee training). If it is safe to do so, this could involve advising neighbors to evacuate.  
 The owner/operator may also contact Superior Propane via the emergency number identified in the ERP.

Describe what action is to be taken and by whom when a warning is issued (including details of a meeting place in a safe identified area and activating the evacuation plan, if necessary).  
 The agent/operator or alternate should first follow the actions in the ERP's provided herein. Staged evacuation, if the release of propane cannot be stopped by cutting electrical power, may be required. The initial muster location will be at entrance of the facility from Burwell Road and away from a dispersing propane cloud. Subsequent evacuation instructions potentially up to the Hazard Distance to be provided by municipal emergency responders.  
 Residences and businesses beyond the site boundary to be notified by municipal emergency responders.

**Communication with Emergency Response Authorities**

Describe when and how the licence holder will give early warning to emergency response authorities (including a process to ensure that a call is placed to 911).  
 When the system is operational, site staff will be on duty and be in the propane tank area. The key contact or alternate will be implementing ER actions and notifications, including notifying emergency responders. Calling 911 will occur immediately after any attempts to shut down the system.  
 When the system is not in operation, the ISC valve (main isolation valve) is closed and the propane system is unattended, but is shutdown.  
 Any accidents involving the propane tank during such times will require the intervention of random, nearby individuals.

Describe provisions for fire department entry when there are no operations or staffing at the propane site.  
 The propane tank system is located in an open area that is easily accessible from Burwell Road and South Edgeware Road  
 The access routes for fire trucks are identified in the attached site plan.

Describe how the licence holder will ensure continual flow of updated information to authorities.  
 The critical information required from the license holder is information on how to shut the system down and the fill level in the tank (if known).  
 This will be provided by the Owners.  
 Fill level is relevant from a time-to-BLEVE perspective ( a near empty tank will BLEVE sooner than a full tank if there is fire impingement to the tank).

How long will it take the facility liaison person to respond to the site.  
 N/A

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**SECTION B: EMERGENCY AND PREPAREDNESS RESPONSE PLAN (cont'd)**

The licence holder will complete Section B in consultation with the local Fire Services.

**6. Building and Site Security and Procedures**

	Yes	No
1. Does the propane location have controlled access to limit unnecessary risk and entry (lock out procedures)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Is there adequate night lighting at the site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Are procedures in place that ensure access routes, aisles, storage area, filling areas and the grounds are kept clear from unwanted materials?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Are there procedures that capture and record the daily inspection of hoses and inspection requirements for filling systems and mechanical devices used in the transfer of propane?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Does the facility have procedures that include a process to isolate and purge any overfilled propane cylinders?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Are weighing systems validated for accuracy?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Are storage areas clearly marked with the vessels' capacity status (i.e., filled, empty, purged and other hazardous materials)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Are quality assurance procedures in place to ensure that all valves are closed after the propane cylinders are filled?(e.g., QCC valves)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9. Is the schedule of maintenance and testing activities retained on site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**7. Water Supply**

The propane licence holder should work with the local fire department to determine water supply capabilities that are available based on the propane facility's location.

	Yes	No
1. Is a pressurized water system available at the propane facility site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Can the municipal fire department pump 375 GPM (1420 LPM) of water at this location?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. What is the unobstructed distance to the closest water supply that could be used for firefighting activities? (distance in metres only)	N/A _____	
4. What is the unobstructed distance to the closest approved water supply with year round access if there are no hydrants? ( distance in metres only)	N/A _____	

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**SECTION B: EMERGENCY AND PREPAREDNESS RESPONSE PLAN (cont'd)**

The licence holder will complete Section B in consultation with the local Fire Services.

**8. Licence holder and local Fire Services Review**

**To be completed by the Local Fire Services**

Has the local fire service had an opportunity to review the Emergency Response and Preparedness Plan?

Yes  No

If not, please explain (e.g., no fire services).

Fire services comments, if any:

**To be completed by the Licence Holder**

In response to the above comments, the following action(s) is required:

The licence holder will respond to the Local Fire Services comments by: \_\_\_\_\_

(dd-mmm-yyyy)

**LOCAL FIRE SERVICES**

The undersigned has reviewed Section B of the Risk and Safety Management Plan Fire Services.

Print name Local Fire Services Name <b>WILLIAM TODD</b>	Signature 	Date (dd-mmm-yyyy) <b>17-05-2018</b>
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**SECTION C: SUBMISSIONS**

Applicant must include a Facility Site Plan and Map of Surrounding Area

**Facility Site Plan.**

The licence holder will submit a copy of the original facility site plan updated with the following information:

1. The storage location of fixed, portable, and mobile vessels.
2. The maximum volume, types and storage location of hazardous materials.
3. Location of permanent structures on site.
4. Access and egress points and location of barriers.
5. Location of fire and emergency equipment (e.g., sprinkler systems, extinguishers, suppression systems) on site and location of fire hydrant or water supply where available.
6. Location of emergency shut off/shut down switches/valves.

**Map of Surrounding Area.**

The licence holder will submit a scaled aerial map of the surrounding area showing the following information:

7. The capacity and placement of the single largest propane storage vessel, including its setback from the front, rear and side property lines.
8. GPS co-ordinates of the single largest vessel.
9. Visual indication of the single largest fixed vessel and a circle made using the distance in Table 1 as the radius from the single largest fixed vessel.
10. Clear indication of the municipality or municipalities present within the circle.
11. Visual indication of property line information.
12. The location and name of roads within or abutting the site.
13. Key note to the drawing indicating the facility's municipal address, municipal lot number(s) and concession lines as applicable, and the date the map was prepared.
14. Address and contact information for each municipality (municipal clerk or secretary-treasurers of planning board). (Refer to page 5.)
15. Complete "Required Mapping Information from Updated Site Plan" in table below.

**Required Mapping Information from Updated Site Plan**

Date map prepared (dd-mmm-yyyy) 15-04-2015	Capacity of single largest propane storage vessel (USWG) 2000 USWG
Tank setback coordinates. Indicate placement on the map.	
Front: +150 FT (West)	Right side property line: 32 FT (North)
Rear: +150 FT (East)	Left side property line: 23 FT (South)
GPS coordinates of single largest vessel: 42	

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 Propane Storage and Handling Regulation

**SECTION C: SUBMISSIONS (cont'd)**

Applicant must include a Facility Site Plan and Map of Surrounding Area

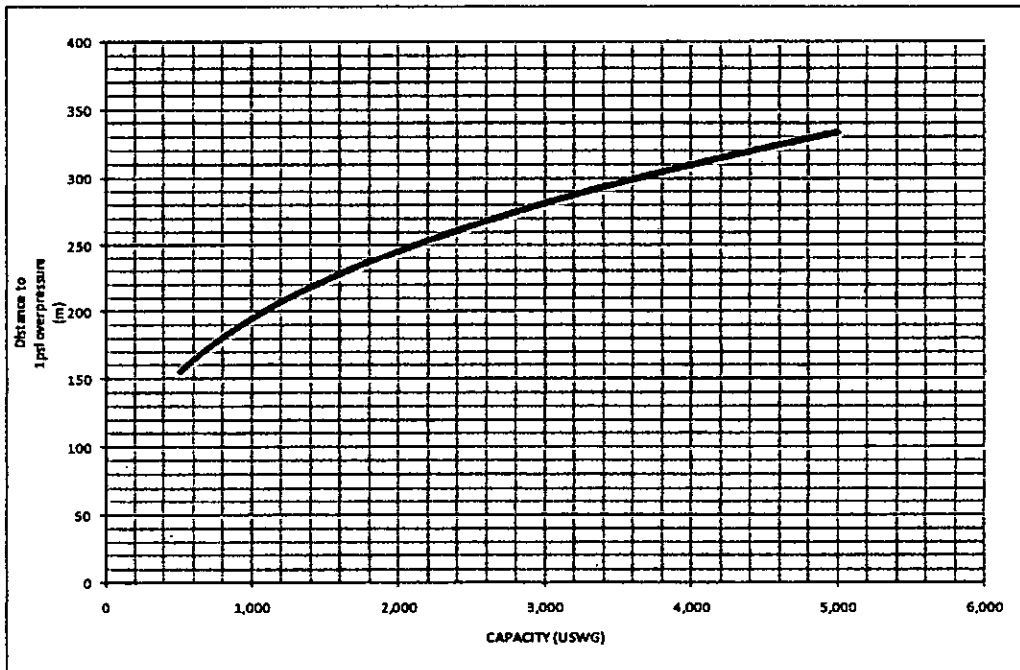
Table 1: Distance Table

Water Capacity (litres)	Nominal Water Capacity (USWG)	Distance to 1 psi overpressure (m)
1,890	500	155
3,780	1,000	195
4,920	1,300	213
6,620	1,750	235
7,130	1,885	241
7,560	2,000	246
18,900	5,000	333

**Formula:**  $D = 16.94 \times (1.524 \times C)^{1/3}$   
 D = Distance to overpressure of 1 psi (meters)  
 C = Tank Total Capacity in USWG

**Parameters:** Density of Propane is 0.5033 kg per litre @ 15 C  
 Assume all vessels are 80% full  
 1 gallon [US, liquid] = 0.003785411784 cubic meter  
 1 cubic metre = 264.17 USWG

Hazard Distance Chart (EPA-TNT model)





Technical Standards and Safety Authority  
 345 Carlingview Drive  
 Toronto, Ontario M9W 6N9  
 Tel: 416.734.3300  
 Fax: 416.231.4078  
 Customer Service: 1.877.682.8772  
 propane@tssa.org  
 www.tssa.org

**Level 1 Risk and Safety Management Plan (RSMP)**  
**Technical Standards and Safety Act**  
**Propane Storage and Handling Regulation**

**SECTION C: SUBMISSIONS (cont'd)**

Applicant must include a Facility Site Plan and Map of Surrounding Area

As an accompaniment to the Map of Surrounding Area, provide the following information about buildings and features present within the circle in Table 2.

**Table 2: Buildings and Features**

Buildings and Features Present within the Circle on the Map of the Surrounding Area AND Name and Address of Closest Building or Feature	* Number of Buildings and Features (mark with an "X")				Distance from Tank to Closest Building or Feature
	0	1	2-10	11+	
Industrial buildings or parks or golf courses Name: <u>Lumar Machining and Manufacturing</u> Address: <u>35 Silver Street</u> City: <u>St. Thomas</u> Province <u>ON</u> Postal Code <u>N5P 4L8</u>					<u>45</u> m
Residential building units specifically permanent single family dwellings, condominiums, and apartments. Name: <span style="background-color: black; color: black;">[REDACTED]</span> Address: <span style="background-color: black; color: black;">[REDACTED]</span> City: <span style="background-color: black; color: black;">[REDACTED]</span>					<u>54</u> m
Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: <u>2596455 Ontario Inc.</u> Address: <u>245 South Edgeware Road</u> City: <u>St. Thomas</u> Province <u>ON</u> Postal Code <u>N5P 4C4</u>					<u>18</u> m
Commercial building units – continuous occupancy specifically hotels, campgrounds, and resorts. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____					_____ m
Sensitive Institutions specifically hospitals, schools and day cares, nursing and retirement homes, mental health institutions, and prisons. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____					_____ m
Emergency responders specifically fire stations, ambulance stations, and police stations. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____					_____ m

\* For multi-unit buildings, count each unit as "1".

**Declaration: I am aware that it is an offence to give false information in this document and I hereby declare that the information I have given here is true and complete.**

Name of person completing this form (please print) Marcel Odesho	Official Title Owner
Signature 	Telephone No. 647-531-4034
	Date (dd-mmm-yyyy) 10/05/2018



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 345 Carlingview Drive  
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**WORKSHEET**

**Portable Storage Additional Information Worksheet**

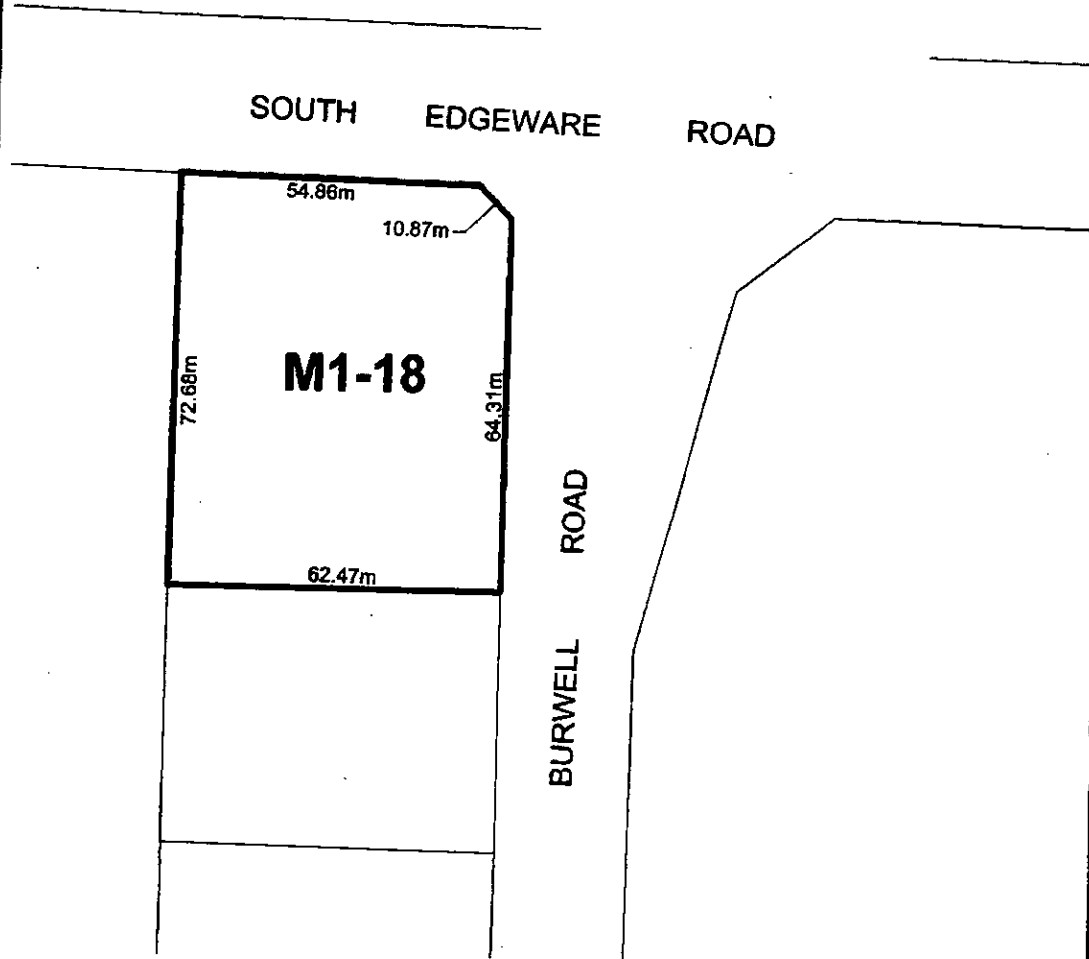
Cylinder Size	Capacity in USWG	Quantity	Total Volume in USWG
# 420	123.9		
# 100	29.5		
# 40	11.75		
# 33.3	9.62		
# 30	8.8		
# 20	5.8	64	371.2
# 10	2.9		
# 5	1.5		
<b>Total Cylinder Capacity</b>			1730.17 lbs

**Tanks Stored On-site Not Connected for Use**

Tank Size in USWG	Quantity	Total Volume in USWG
<b>Total Tank Capacity</b>		

<b>Total Cylinder Capacity</b>	1730.17 lbs
<b>Total Tank Capacity</b>	
<b>Total Portable Capacity</b> (Total Cylinder Capacity + Total Tank Capacity)	

# SPECIAL ZONING MAP 7-8



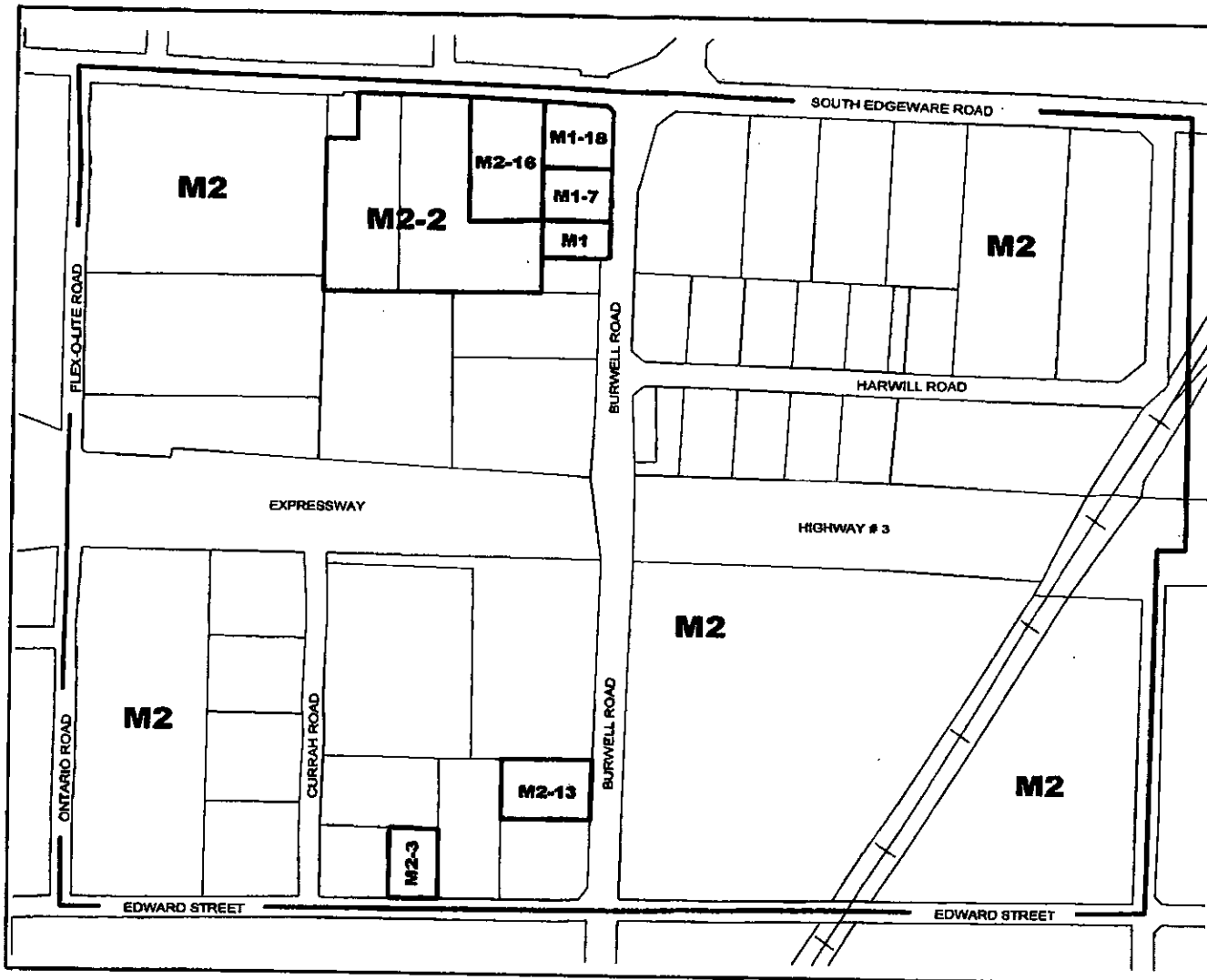
Scale 1:1000  
metric

**THIS IS SCHEDULE "A" TO BY-LAW No. 129-2006  
PASSED THIS 10TH DAY OF OCTOBER, 2006.**

  
MAYOR

  
CLERK

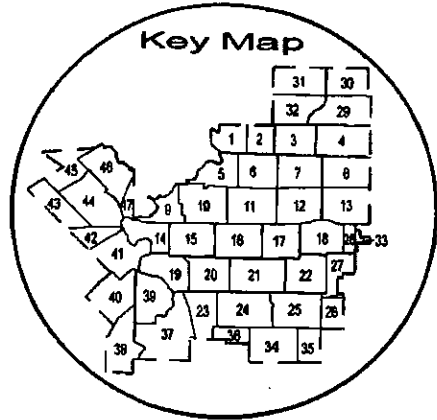




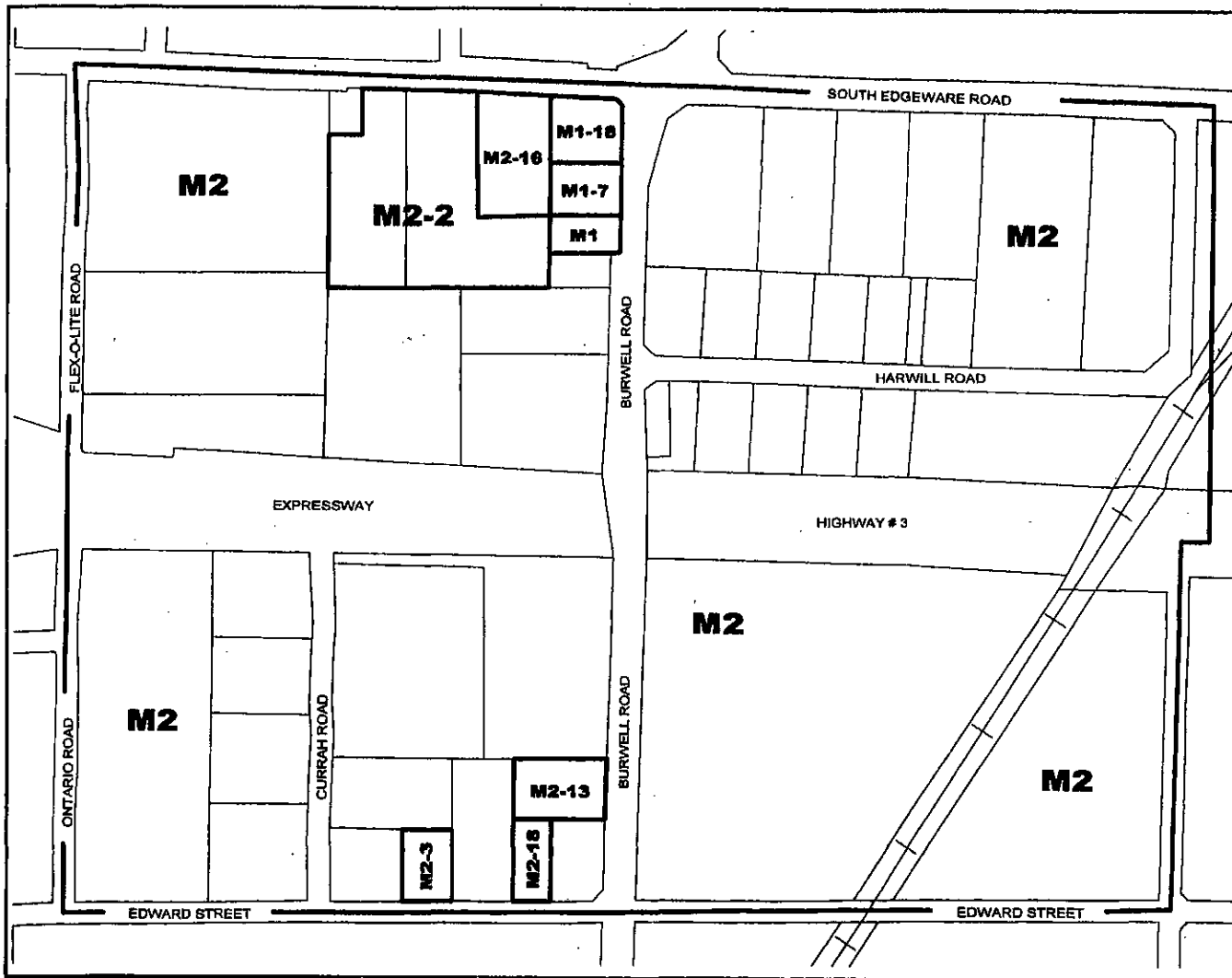
This is Schedule "B"  
 to By-law 129-2006  
 Passed this 10th day  
 of October, 2006.

*[Signature]*  
 Mayor

*[Signature]*  
 Clerk



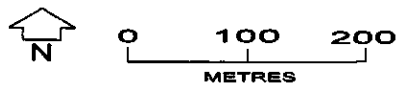
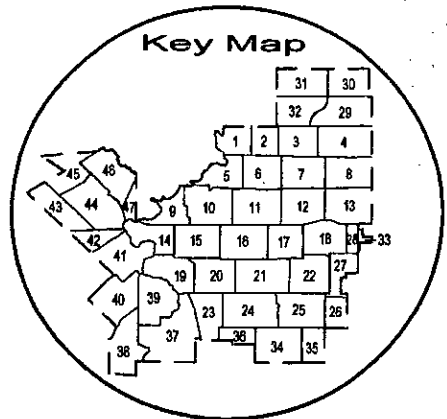
**ZONING MAP 7**



This is Schedule "B"  
 to By-law 39-2009  
 Passed This 14th day  
 of April, 2009.

*[Signature]*  
 Mayor

*[Signature]*  
 Clerk



**ZONING MAP 7**