



Technical Standards and Safety Authority
 www.tssa.org

14th Floor - Centre Tower
 3300 Bloor Street West
 Toronto Ontario MBX 2X4
 Fax: 416.231.4903
 Customer Service: 1.877.682.8772

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.

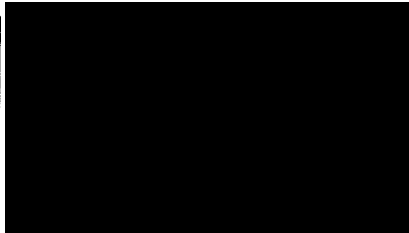
Failure to fully complete this form may result in rejection.
 Making a false statement may result in a fine or prosecution
 under the *Technical Standards and Safety Act*

Licence Number

Check applicable type of propane operations.

Cylinder Motor Fill Filling Plant Card/Keylock

Submit along with this completed application a Facility Site Plan and a Map of the Surrounding Area.



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.

Company Name Ontario Corporation No., if applicable

A Operator Name (if different from above)

Telephone No. Fax No. E-mail

B Street No. Street Name / 911 Number / Address, if applicable

Town / City or Township / County Province Postal Code

Mailing address if different from above.

C Street No. Street Name / 911 Number / Address, if applicable

Town / City or Township / County Province Postal Code

Information on Container Refill Centre or Filling Plant

Location of facility.

D Street No. Street Name / 911 Number / Address, if applicable Nearest Major Intersection

Town / City or Township / County Province Postal Code

Name of Licence Holder

Name of a Senior Management person as defined in the regulation holding the Record of Training (ROT). ROT type

Municipality (or municipalities if the facility or its hazard distance touches multiple borders)

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.

Print name	Signature	Date (dd-mm-yyyy)
Name of Licence Holder <input type="text" value="John Lastoria"/>		<input type="text" value="19-04-2011"/>
Name of Senior Management person as defined in the Regulation holding the Record of Training <input type="text" value="Glenn Butt"/>		



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SECTION A: GENERAL INFORMATION (cont'd)

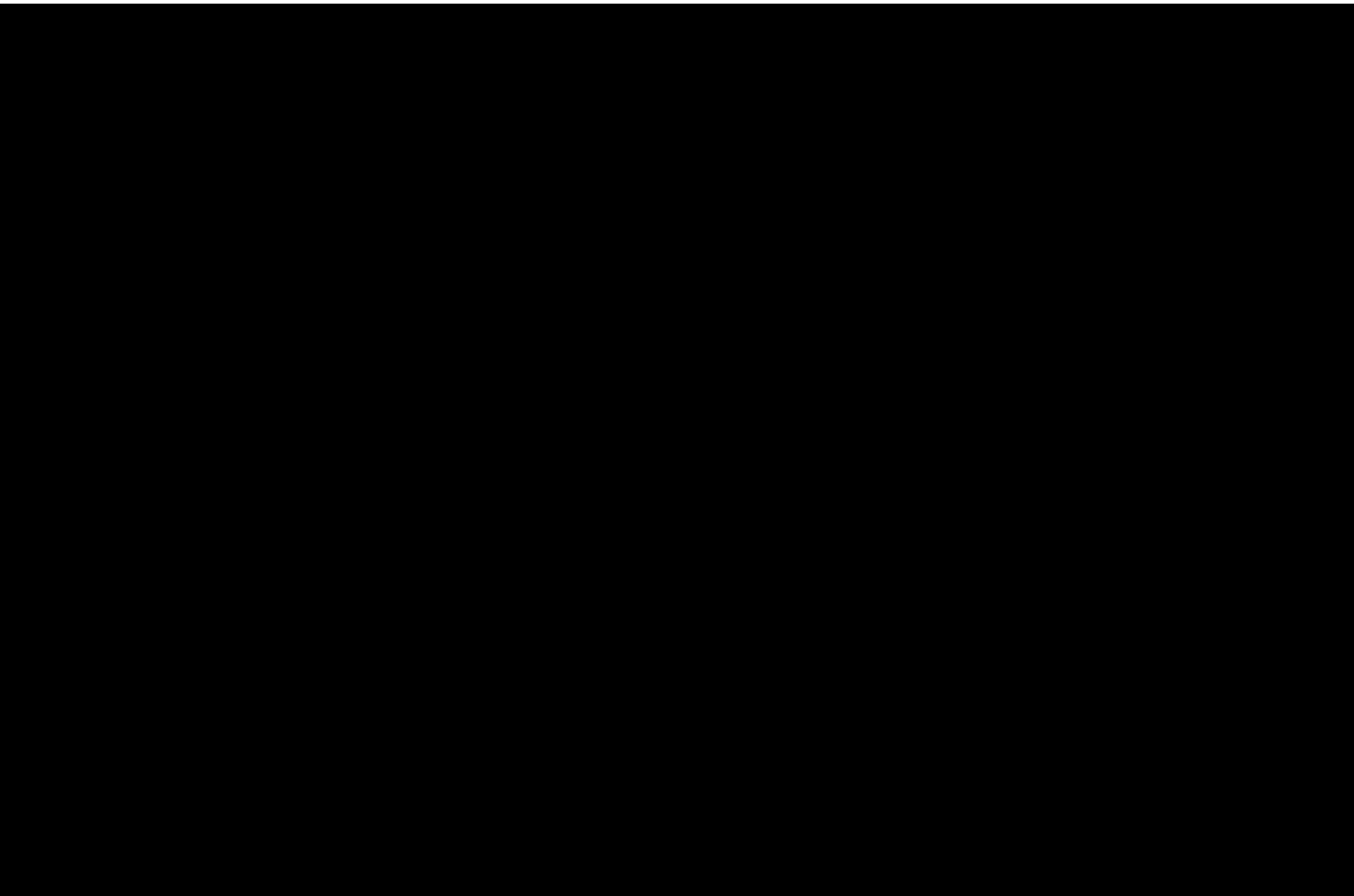
Indicate the year the facility was established. Indicate the year of any significant modifications, as defined in s.1, O.Reg 211/01, since establishment.
2004 None

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

	PSIG	Serial Number
Tank 1:	250 PSIG	B04800
Tank 2:	_____	_____
Tank 3:	_____	_____

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: 140 USWG Mobile: 0



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Name of person completing this form (please print) John Lastoria	Official Title EH&S Specialist
Signature 	Telephone No. Date (dd-mm-yyyy) (416) 544-7608 19-04-2011



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SECTION A: GENERAL INFORMATION (cont'd)

Activity Information

Name of Propane Supplier(s)			For Office Use - Partv No.		
Superior Propane - Ontario Regional Operations Centre					
Street No.	Street Name / 911 Number / Address, if applicable				
251	Woodlawn Road West, Unit 217				
Town / City or Township / Country				Province	Postal Code
Guelph				Ontario	N1H 8J1
Telephone No.		Fax No.	Contact Name		
1-877-873-7467		519-836-7766	Mike Mullins		
E-mail					
mullinsm@superiorpropane.com					

Name of Propane Transporter. If same as above, please check box. <input type="checkbox"/>					
Superior Propane - Whitby					
Street No.	Street Name / 911 Number / Address, if applicable				
505	Victoria Street East				
Town / City or Township / Country				Province	Postal Code
Whitby				ON	L1N 9Z3
Telephone No.		Fax No.	Contact Name		
(705) 927-2234		N/A	Mark Wakeford		
E-mail					
wakeform@superiorpropane.com					

Off-site Cylinder and/or Mobile Storage		Capacity stored off-site, in USWG		For Office Use - Party No.	
None					
Street No.	Street Name / 911 Number / Address, if applicable				
Town / City or Township / Country				Province	Postal Code
Telephone No.		Fax No.	Contact Name		

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

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Name of person completing this form (please print)		Official Title	
Marcello Oliverio		Chief Engineer, Superior Propane	
Signature	Telephone No.	Date (dd-mm-yyyy)	
	905-285-2480 ext. 5327	19-04-2011	



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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.

Gasoline - 150,000 litres (3 underground tanks)

Stored underground on the east side of gas bar directly across the entrance road to CTC store garden centre compound.

Description of fire and emergency equipment indicated on facility site map.

Multiple fire extinguishers at various locations - inside the gas bar building, on columns by the gasoline dispensers, and at the bulk propane tank filling station.

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.

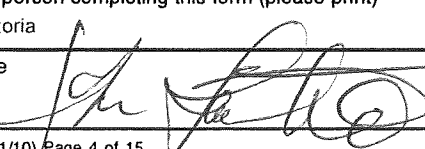
1. Fusible link on ISC valve - isolation valve between the tank and the downstream propane dispensing equipment.
2. Emergency stop push button - mounted on a post near the propane tank. This shuts down the pump and closes a solenoid valve upstream of hoses.
3. Power supply breaker inside the gas bar building. This cuts all power to the propane system - shuts down pump; closes solenoid valve.

Maintenance and testing schedule for fire protection controls and devices.

Maintenance and testing is undertaken by Superior Propane according to Superior Propane's Maintenance Standard. Schedule for key equipment is:

1. Pumps (Pump every 3 months; Pump Motor: check belts monthly; grease motor every 6 months)
2. ISC Valves (test for closure every 6 months)
3. Storage tank Relief Valves - inspect every 2 years; replacement schedule as per provincial regulations.

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Name of person completing this form (please print) John Lastoria		Official Title EH&S Specialist	
Signature 		Telephone No. (416) 544-7608	Date (dd-mm-yyyy) 19-04-2011



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

1. Contacts for Emergency Response

1. Facility Contact Personnel - Key Contact		5. Facility 24-Hour Contact Person	
Name Carrie Wellar	For Office Use - Party No.	Name Carrie Wellar	For Office Use - Party No.
Official Title Manager		Official Title Manager	
Telephone No. (905) 852-6652	Fax No. (905) 852-6652	Cell No. (905) 904-1165	Fax No. (905) 852-6652
E-mail 1376.Uxbridge@ctpagent.ca		E-mail 1376.Uxbridge@ctpagent.ca	
Role and responsibilities in emergency Co-ordinate site response		Role and responsibilities in emergency Co-ordinate site response	
2. Facility Contact Personnel - Alternate Contact		6. Name of Facility Manager	
Name Ron Dimambro	For Office Use - Party No.	Name Carrie Wellar	For Office Use - Party No.
Official Title Regional Business Manager		Official Title Manager	
Telephone No. (905) 706-3602	Fax No. (905) 665-1370	Telephone No. (905) 852-6652	Fax No. (905) 852-6652
E-mail ron.dimambro@cantire.com		E-mail 1376.Uxbridge@ctpagent.ca	
Role and responsibilities in emergency Co-ordinate site response if agent unavailable.		Role and responsibilities in emergency Co-ordinate site response	
3. Local Fire Services - Key Contact		7. Propane Supplier Key Contact Person	
Name Scott Richardson	For Office Use - Party No.	Name Superior Propane Hotline	For Office Use - Party No.
Official Title Fire Chief		Official Title	
Telephone No. (905) 852-3393	Fax No. (905) 852-0125	Telephone No. 1-877-873-7467	Fax No.
E-mail srichardson@town.uxbridge.on.ca		E-mail	
Role and responsibilities in emergency Co-ordinate/advise on Fire Service response. Liaise with police.		Role and responsibilities in emergency Identify and dispatch Superior Propane and/or LPERGC emergency response personnel as required.	
4. Local Fire Services - Alternate Contact		8. Municipal Contact	
Name Tony Peck	For Office Use - Party No.	Name Debbie Leroux	
Official Title Deputy Fire Chief		Official Title Clerk	
Telephone No. (905) 852-3393	Fax No. (905) 852-0125	Telephone No. (905) 852-9181 x228	Fax No. (905) 852-9674
E-mail tpeck@town.uxbridge.on.ca		E-mail dleroux@town.uxbridge.on.ca	
Role and responsibilities in emergency Alternate - Co-ordinate/advise on Fire Service Response. Liaise with police.		Municipality Town of Uxbridge <i>Township</i>	

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Name of person completing this form (please print) Kelly Almey	Official Title Process Safety Coordinator - Superior Propane
Signature <i>K Almey</i>	Telephone No. 905-285-2480 ext. 5327
	Date (dd-mm-yyyy) 19-04-2011



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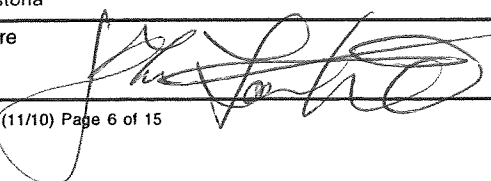
SECTION B: EMERGENCY AND PREPAREDNESS RESPONSE PLAN (cont'd)

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.

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Signature 	Telephone No. (416) 544-7608	Date (dd-mm-yyyy) 19-04-2011



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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-mm-yyyy)	Print Name of Training Provider: None
	Print Name of Instructor:
Training Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Training Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

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

Training Date (dd-mm-yyyy)	Print Name of Training Provider: None
	Print Name of Instructor:
Training Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Training Date (dd-mm-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-mm-yyyy)	Print Name of Training Provider: Propane Training Institute
28-04-2010	Print Name of Instructor: unknown
Training Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Training Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

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Name of person completing this form (please print)	Official Title	
John Lastoria	EH&S Specialist	
Signature	Telephone No.	Date (dd-mm-yyyy)
	(416) 544-7608	19-04-2011



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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-mm-yyyy) TBA - Q4 2011	Print Name of Training Provider: Superior Propane/Alternate
	Print Name of Instructor: to be arranged
Target Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Target Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

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

Target Date (dd-mm-yyyy) TBA - Q4 2011	Print Name of Training Provider: Key Contact to train Staff
	Print Name of Instructor: to be arranged
Target Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Target Date (dd-mm-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-mm-yyyy) As Required	Print Name of Training Provider: Superior Propane/FSN/ or Alternate
	Print Name of Instructor: to be arranged
Target Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Target Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

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Signature 	Telephone No. (416) 544-7608
	Date (dd-mm-yyyy) 19-04-2011



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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 ROT person(s) on duty will contact emergency services by calling 911 and will provide warnings outlined in the attached "Propane Emergency Response Procedures" placard, if it is safe to do so.

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).

Actions and warnings will be taken by on duty ROT person(s) as per attached ERP placard. Only a few gas bar staff will be on duty when operating the propane system. The Muster location will be in a safe area east of the store. Note a specific muster point is not advisable, since a propane plume can blow in any direction. Note that the facility is in a wide open area allowing people to self evacuate.

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, a ROT person will be on duty and be in the propane tank area. This person will be able to visually ascertain any abnormal/accident events and implement the appropriate emergency response actions. When the system is not in operation, the ISC valve (main isolation valve) is closed, and the propane system is unattended. Any accidents involving the propane tank during such times will require the intervention of random, nearby individuals or store staff.

Describe provisions for fire department entry when there are no operations or staffing at the propane site.

The propane tank system is located in a wide open area that is easily accessible by Toronto Street and Welwood Drive. These fire access routes 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 the fill level in the tank.

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 on the tank).

This information will be provided to the authorities by agent - Carrie Wellar, time permitting, and if available.

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

Approximately 45 minutes, after having received the emergency call.

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Name of person completing this form (please print) John Lastoria	Official Title EH&S Specialist	Date (dd-mm-yyyy) 19-04-2001
Signature 	Telephone No. (416) 544-7608	



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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 checked="" type="checkbox"/>	<input 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 type="checkbox"/>	<input checked="" 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)	6 m	
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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Signature 	Telephone No. (416) 544-7608	Date (dd-mm-yyyy) 19-04-2011



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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:

PLEASE ADVISE WHEN TRAINING IS COMPLETE.

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-mm-yyyy)

LOCAL FIRE SERVICES

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

Print name	Signature	Date (dd-mm-yyyy)
Local Fire Services Name STEVE GARDINER		12/05/2011

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Signature	Telephone No.	Date (dd-mm-yyyy)



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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-mm-yyyy) 28-05-2008	Capacity of single largest propane storage vessel (USWG) 2000 USWG
Tank setback coordinates. Indicate placement on the map.	
Front: 19m west _____	Right side property line: 52m south _____
Rear: 210m east _____	Left side property line: 24m north _____
GPS coordinates of single largest vessel: Lat. 44.089, Long. -79.1338 _____	

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Name of person completing this form (please print) Marcello Oliverio	Official Title Chief Engineer - Superior Propane	
Signature 	Telephone No. 905-285-2480 ext. 5327	Date (dd-mm-yyyy) 19-04-2011



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SECTION C: SUBMISSIONS (cont'd)

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

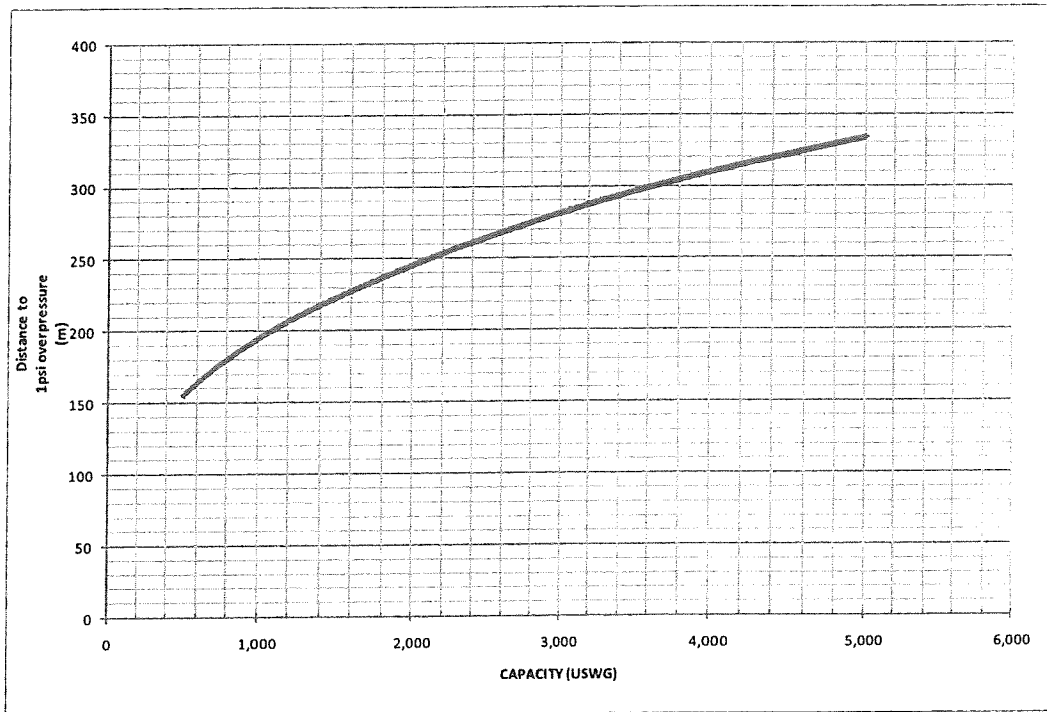
Table 1: Distance Table

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)



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) Nothing completed on this page.		Official Title	
Signature		Telephone No.	Date (dd-mm-yyyy)



Technical Standards and Safety Authority
www.tssa.org

14th Floor - Centre Tower
3300 Bloor Street West
Toronto Ontario M8X2X4
Fax: 416.231.4903
Customer Service: 1.877.682.8772

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: east side of County Road Address: _____ City: _____ Province _____ Postal Code _____		X			50 m
Residential building units specifically permanent single family dwellings, condominiums, and apartments. [Redacted]			X		80 m
Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: Zehrs Drug Store, Wild Wings Restaurant, Rona, Address: _____ City: _____ Province _____ Postal Code _____			X		65 m
Commercial building units – continuous occupancy specifically hotels, campgrounds, and resorts. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____	X				_____ m
Sensitive institutions specifically hospitals, schools and day cares, nursing and retirement homes, mental health institutions, and prisons. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____	X				_____ m
Emergency responders specifically fire stations, ambulance stations, and police stations. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____	X				_____ 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) John Lastoria	Official Title EH&S Specialist
Signature 	Telephone No. (416) 544-7608
	Date (dd-mm-yyyy) 19-04-2011



Technical Standards and Safety Authority
www.tssa.org

14th Floor - Centre Tower
3300 Bloor Street West
Toronto Ontario M8X 2X4
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Level 1 Risk and Safety Management Plan (RSMP)
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SECTION C: SUBMISSIONS (cont'd)

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

Portable Storage Additional Information Sheet

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	24	140 USWG
# 10	2.9		
# 5	1.5		
Total Cylinder Capacity 480 USWG			

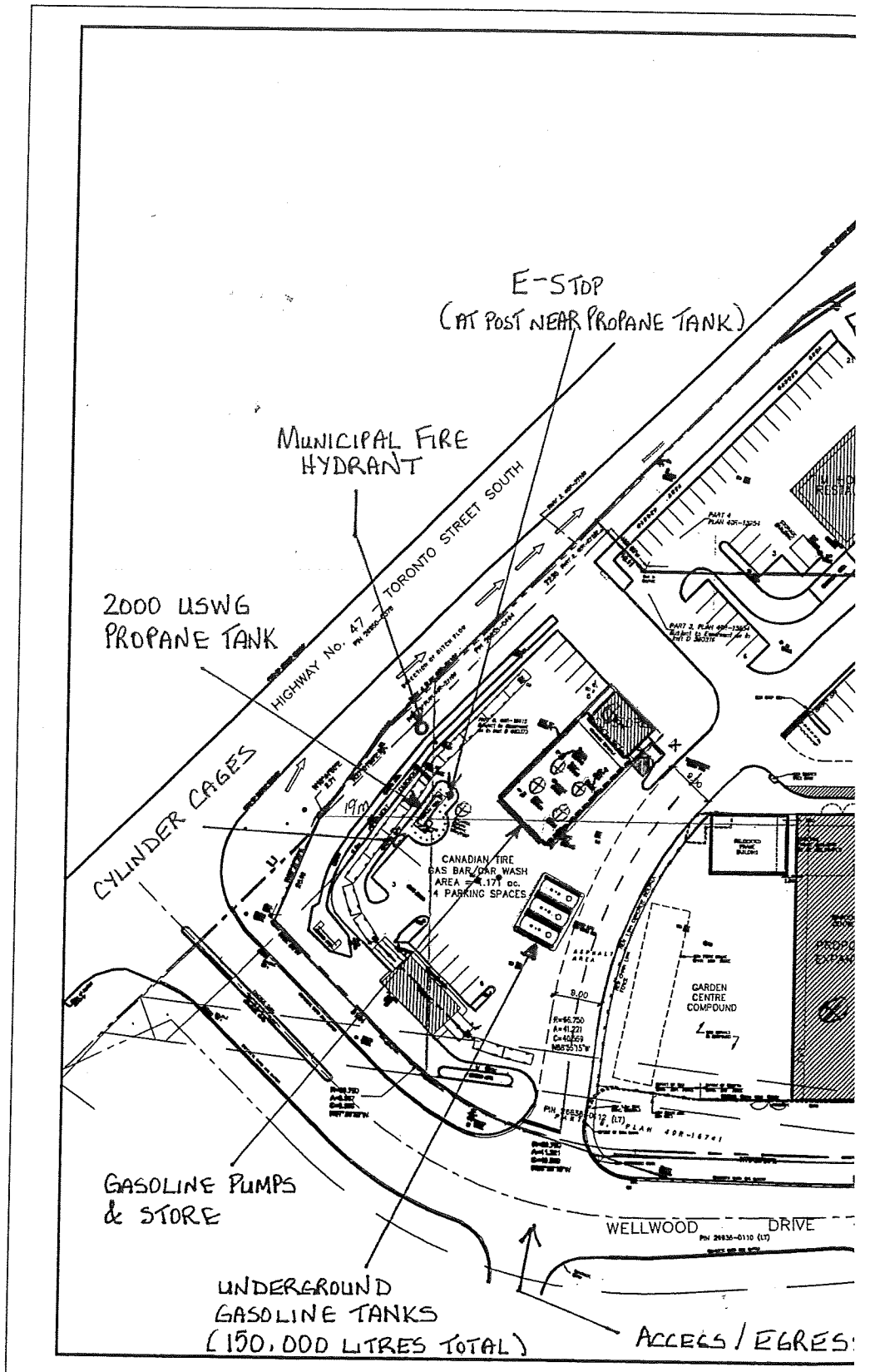
Tanks Stored On-site Not Connected for Use

Tank Size In USWG	Quantity	Total Volume in USWG
None		
Total Tank Capacity		

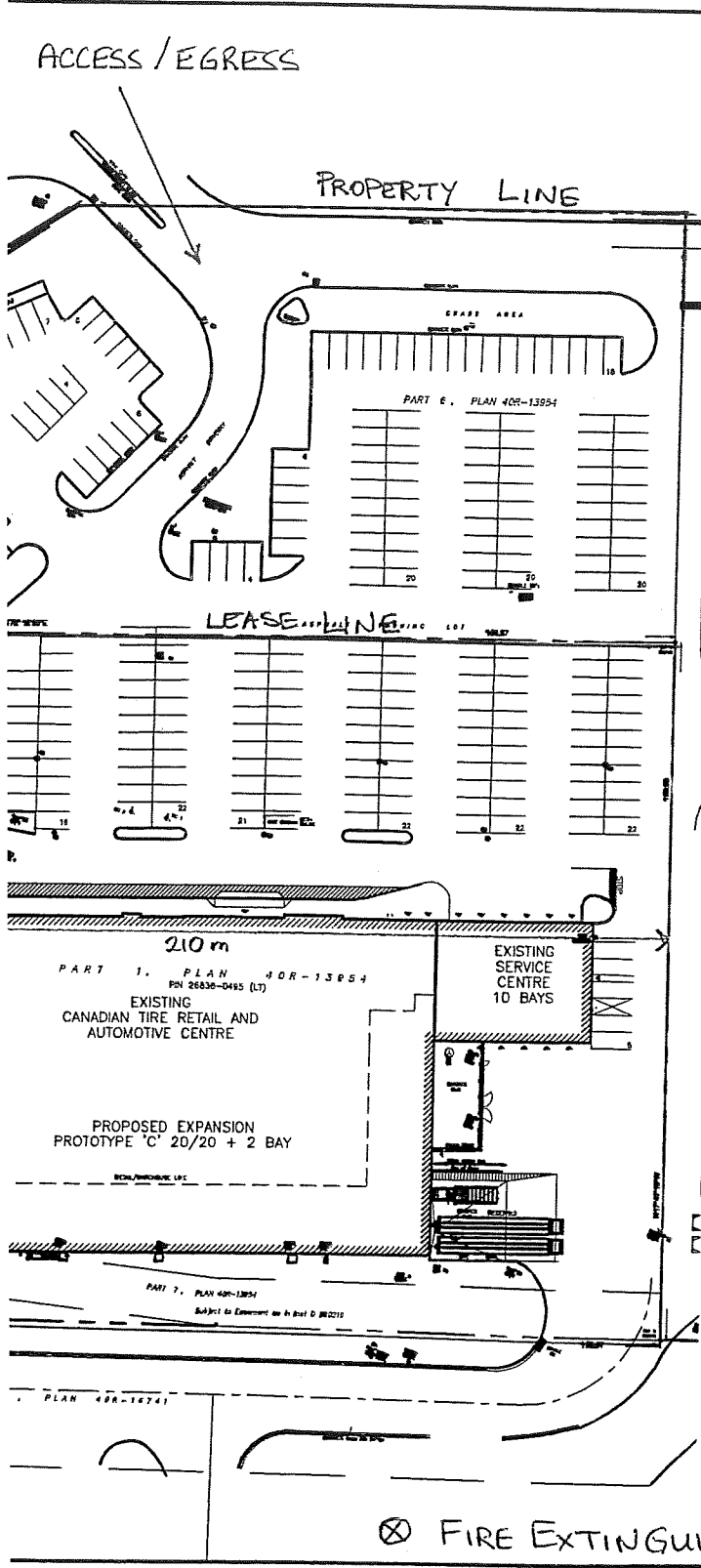
Total Cylinder Capacity	140 USWG
Total Tank Capacity	0
Total Portable Capacity	140USWG

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.

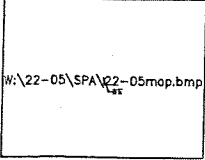
Name of person completing this form (please print) John Lastoria	Official Title EH&S Specialist
Signature 	Telephone No. (416) 544-7608
	Date (dd-mm-yyyy) 19-04-2011



1: CANADIAN TIRE - UXBRIDGE (ON) STORE
 27 TORONTO STREET SOUTH, UXBRIDGE ON L9P 1N4



KEY PLAN

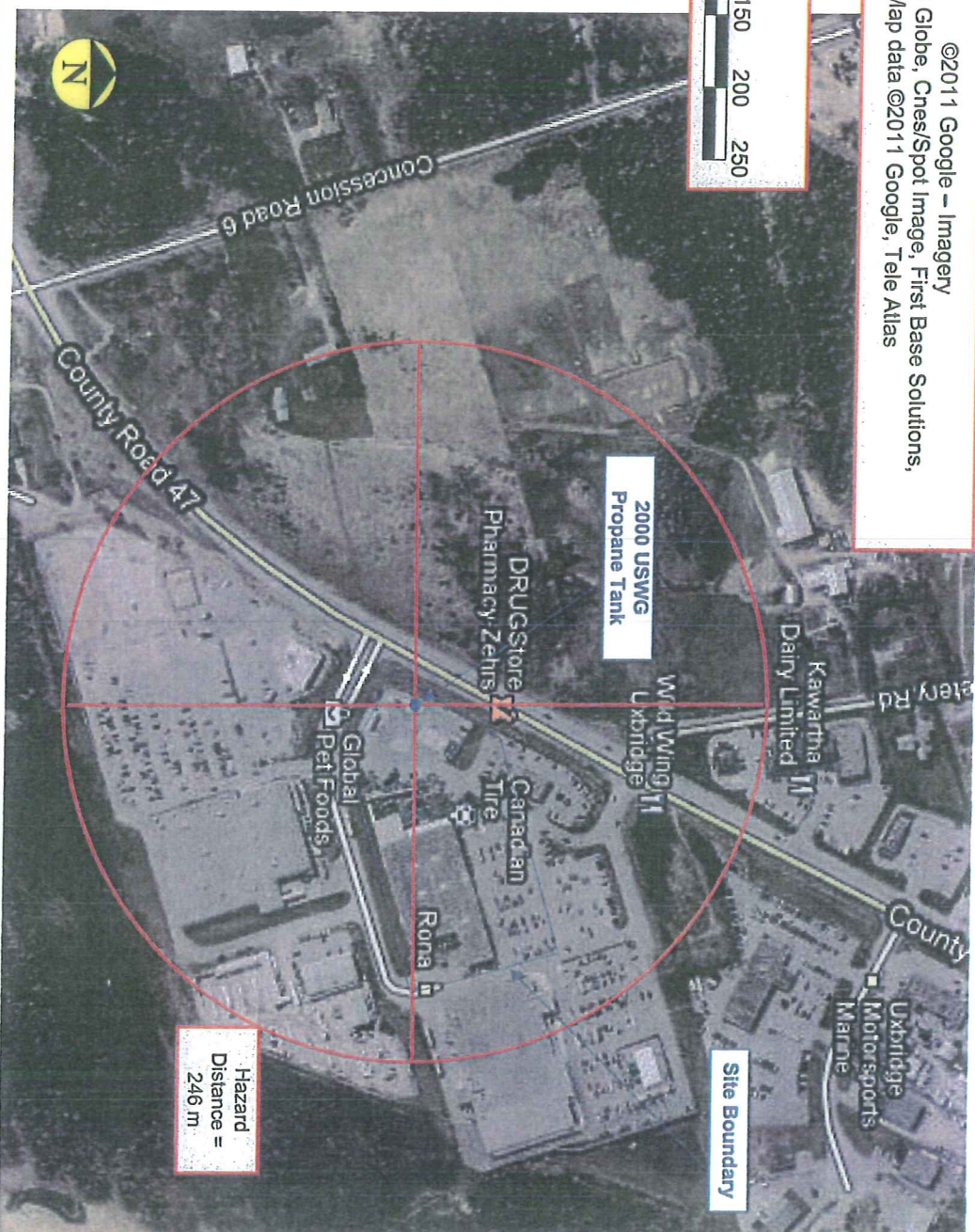
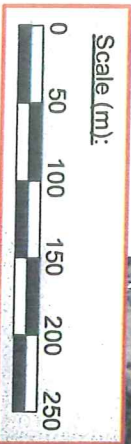


SITE AND BUILDING STATISTICS

A SITE AREA = 10,800 SQ. FT.	
A DRIVE: NORTH SIDEWALK	
C BUILDING AREA	
1. STORE	3,700 SQ. FT.
2. MECHANICAL (SECOND FLOOR)	1,800 SQ. FT.
3. MECHANICAL (SECOND FLOOR)	1,800 SQ. FT.
4. SERVICE (SECOND FLOOR)	1,800 SQ. FT.
5. SERVICE (SECOND FLOOR)	1,800 SQ. FT.
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96. SERVICE (SECOND FLOOR)	1,800 SQ. FT.
97. SERVICE (SECOND FLOOR)	1,800 SQ. FT.
98. SERVICE (SECOND FLOOR)	1,800 SQ. FT.
99. SERVICE (SECOND FLOOR)	1,800 SQ. FT.
100. SERVICE (SECOND FLOOR)	1,800 SQ. FT.

NO. 1	NO. 2	NO. 3	NO. 4
DATE	DATE	DATE	DATE
REV.	REV.	REV.	REV.
DESCRIPTION	DESCRIPTION	DESCRIPTION	DESCRIPTION
REVISION RECORD			
CONFIDANT TIME PART ESTATE LIMITED			
<small>THIS PLAN AND SPECIFICATIONS ARE THE PROPERTY OF CONFIDANT TIME PART ESTATE LIMITED. NO PART OF THIS PLAN OR SPECIFICATIONS ARE TO BE REPRODUCED OR TRANSMITTED IN ANY FORM OR BY ANY MEANS, ELECTRONIC OR MECHANICAL, INCLUDING PHOTOCOPYING, RECORDING, OR BY ANY INFORMATION STORAGE AND RETRIEVAL SYSTEM, WITHOUT THE WRITTEN PERMISSION OF CONFIDANT TIME PART ESTATE LIMITED.</small>			
PROJECT: RETAIL STORE AND SERVICE CENTRE			
SITE PLAN		SPA01	
DATE	DATE	DATE	DATE
BY	BY	BY	BY

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Hazard Distance = 246 m.

Setback Distances to Site Boundary
 North : 24 m East: 210 m
 South: 52 m West: 19 m

Capacity of Propane Storage Tank = 2000 USWG

GPS Co-ordinates of Propane Storage Tank = 44.089, -79.1338

Circular Distance to 1 psi overpressure = 246 m

Municipality (ies) within the 1 psi overpressure circle:
 Township of Uxbridge

Municipal Contact:
 Richard Vandezande, MCIP, RPP
 Development Services Department
 Township of Uxbridge
 51 Toronto Street South, P.O. Box 190
 Uxbridge, ON, L9P 1T1
 Tel: 905-852-9181 Ext. 213 Fax: 905-852-9674
 Email: rvandezande@town.uxbridge.on.ca

Map of Surrounding Area

Canadian Tire
 327 Toronto Street South, Uxbridge, ON L9P 1N4
 PCL CON: 6-26-6 SEC UXBRIDGE: PT LT 26 CON 6
 (UXBRIDGE), PT 9, 40R16741; S/T LT757249 UXBRIDGE

Drawn by: L. Oliverio Date: April 14, 2011