



Technical Standards and Safety Authority
 www.tssa.org
 14th Floor - Centre Tower
 3300 Bloor Street West
 Toronto Ontario M8X 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.

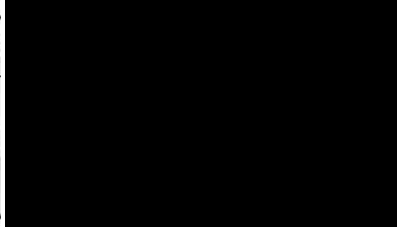
Failure to fully complete this form may result in rejection.
 Making a false statement may result in a fine or prosecution under the *Technical Standards and Safety Act*

Licence Number: 0076516814-C

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.

A Company Name: UNITED LUMBER HOME HARDWARE (GEORGETOWN) Ontario Corporation No., if applicable

Operator Name (if different from above)

Telephone No. 905-873-8007 Fax No. 905-877-3325 E-mail nvogt@unitedlumber.ca

B Street No. 333 Street Name / 911 Number / Address, if applicable GUELPH ST

Town / City or Township / County GEORGETOWN Province ONTARIO Postal Code L7G 4B3

C Mailing address if different from above.

Street No. 520 Street Name / 911 Number / Address, if applicable BAYFIELD ST N

Town / City or Township / County BARRIE Province ONTARIO Postal Code L4M 5A2

Information on Container Refill Centre or Filling Plant

D Location of facility.

Street No. 333 Street Name / 911 Number / Address, if applicable GUELPH ST Nearest Major Intersection DELREX BLVD

Town / City or Township / County GEORGETOWN Province ONTARIO Postal Code L7G 4B3

Name of Licence Holder: UNITED LUMBER HOME HARDWARE

Name of a Senior Management person as defined in the regulation holding the Record of Training (ROT): VIC DEBIASIO ROT type 100-01 EXP. APRIL 26, 2013

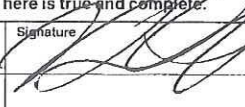
Municipality (or municipalities if the facility or its hazard distance touches multiple borders): TOWN OF HALTON HILLS

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.

Name of Licence Holder	UNITED HOME HARDWARE GEORGETOWN	Signature		Date (dd-mm-yyyy)	JULY 22 2011
Name of Senior Management person as defined in the Regulation holding the Record of Training	VIC DEBIASIO				JULY 22, 2011



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SECTION A: GENERAL INFORMATION (cont'd)

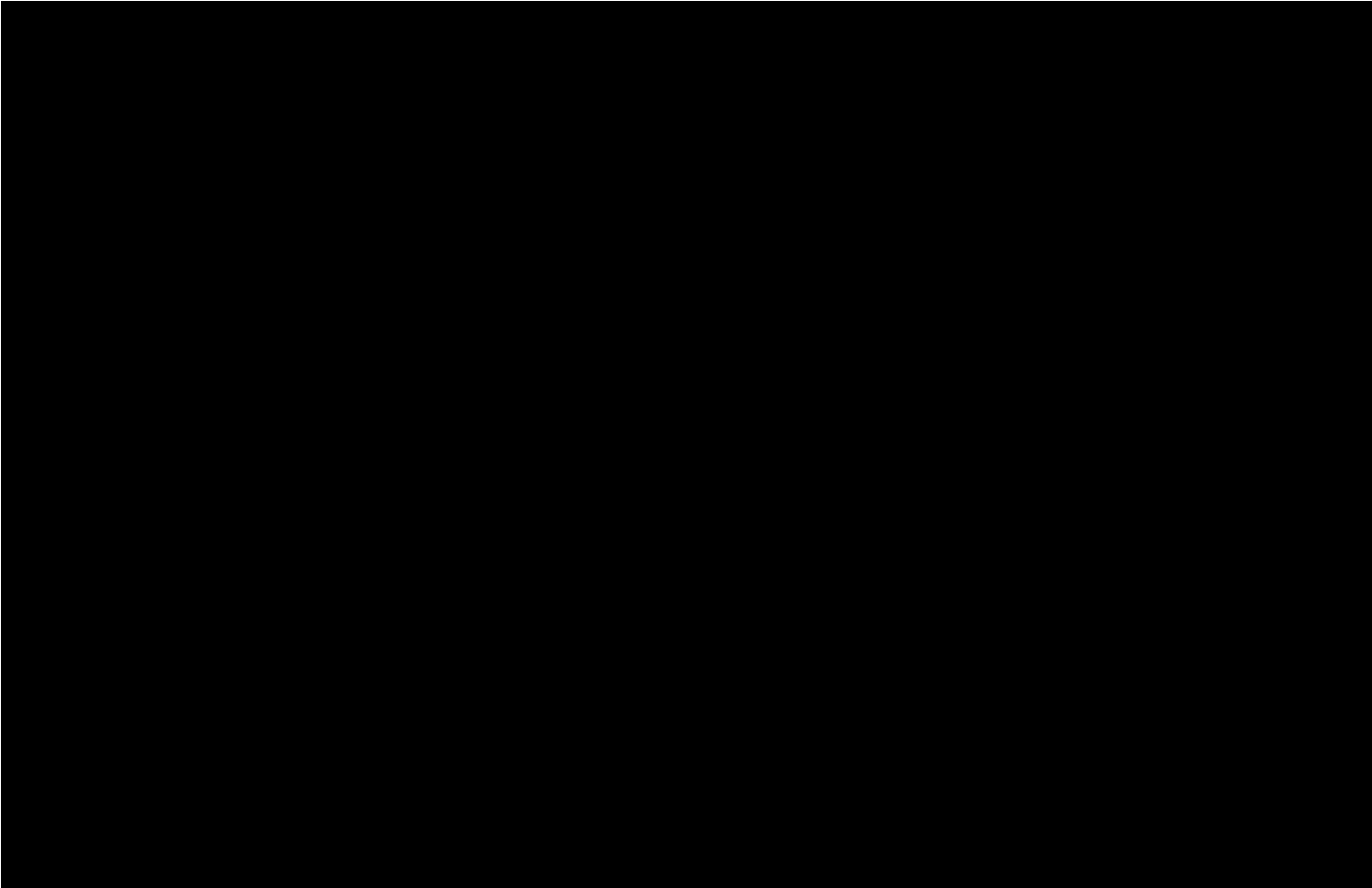
Indicate the year the facility was established. 1984 Indicate the year of any significant modifications, as defined in s.1, O.Reg 211/01, since establishment
DEAD MAN SWITCH INSTALLED 2008

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

	PSIG	Serial Number
Tank 1:	<u>250</u>	<u>5.690152</u>
Tank 2:	_____	<u>CRN H4623.5</u>
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 VERTICAL Portable: 624 Mobile: _____



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Name of person completing this form (please print) VIC DEBIASIO		Official Title OWNER	
Signature 		Telephone No. 905-873-8007	Date (dd-mm-yyyy) 22-07-2011



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345 Carlingview Drive
Toronto, Ontario M9W 6N9
Tel: 416.734.3300
Fax: 416.231.4078
Customer Service: 1.877.682.8772

Application for Renewal of Level 1 Propane Licence
Technical Standards and Safety Act
Propane Storage and Handling Regulation

GENERAL INFORMATION

Company Name United Lumber & Building Supplies Ltd		Corporation No.
Operator Name (if different from above)		
Telephone No. 905-879-8007	Fax No. 905-877-3325	E-mail nvogt@unitedlumber.ca
Street No. 333	Street Name / 911 Number / Address, if applicable Guelph Street	Nearest Major Intersection Delrex Blvd & Guelph St
Town / City or Township / County Georgetown	Province Ontario	Postal Code L7G 4B3
Mailing address (if different from above)		
Street No. 520	Street Name / 911 Number / Address, if applicable Bayfield St.	
Town / City or Township / County Barrie	Province Ontario	Postal Code L4M 4A2

Information on Container Refill Centre		
Location of facility (if different from above)		
Street No. 333	Street Name / 911 Number / Address, if applicable Guelph St	Nearest Major Intersection Delrex & Guelph St.
Town / City or Township / County Georgetown	Province Ontario	Postal Code L7G 4B3

Facility Contact Personnel - Key Contact	
Name Cecilia Jackman	Official Title Store Manager
Telephone No. 905-873-8007	Fax No. 905-877-3325
E-mail cjackman@unitedlumber.ca	
Role and responsibilities in emergency. To make sure facility for propane is safe for staff and customers	

You are required by law to notify TSSA of any change of information contained in the Risk and Safety Management Plan within 15 days.

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 of person completing this form. Ed DeBiasio	Official Title President	
Signature 	Telephone No. 705-726-8132	Date (dd-mmm-yyyy) 13-MAR-2017



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Level 1 Risk and Safety Management Plan (RSMP)
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SECTION A: GENERAL INFORMATION (cont'd)

Activity Information

Name of Propane Supplier(s)			
CALEDON PROPANE INC			
Street No.	Street Name / 911 Number / Address, if applicable		
1	BETOMAT CRT		
Town / City or Township / Country		Province	Postal Code
BOLTON		ONT	L7E 5T3
Telephone No.	Fax No.	Contact Name	
1-888-551-4831	905-857-8491	HUGH SUTHERLAND JR	
E-mail			
HUGHJR@CALEDONPROPANE.COM			

Name of Propane Transporter. If same as above, please check box. <input checked="" type="checkbox"/>			
Street No.	Street Name / 911 Number / Address, if applicable		
Town / City or Township / Country		Province	Postal Code
Telephone No.	Fax No.	Contact Name	
E-mail			

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		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	
VIC DEBIASIO	OWNER	
Signature	Telephone No.	Date (dd-mm-yyyy)
	905-873-8007	22-07-2011



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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.
2270 LITRE DIESEL TANK FOR PRIVATE USE - NOT FOR RESALE

Description of fire and emergency equipment indicated on facility site map.
SEE ATTACHED SITE PLAN - EQUIPMENT INCLUDES FIRE EXTINGUISHERS, EMERGENCY EXITS, LIGHTS AND SIAMESE CONNECTION AT EAST SIDE OF BUILDING

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.

FIRE SPRINKLERS
INTERCOM SYSTEM TO NOTIFY EMERGENCIES
FUSIBLE LIKE
REMOTE EMERGENCY SHUT OFF AT WALL WEST OF DISPENSER WITHIN 4 METERS

Maintenance and testing schedule for fire protection controls and devices.

MONTHLY - COMPLETED INTERNALLY
ANNUALLY COMPLETED BY LUMAR (ENTIRE BUILDING) & ORANGEVILLE FIRE SERVICE (DISPENSER EXT)

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

1. Contacts for Emergency Response

1. Facility Contact Personnel - Key Contact

Name CECILIA JACKMAN	For Office Use - Party No.
Official Title BRANCH MANAGER	
Telephone No. 905-873-8007	Fax No. 905-877-3325
E-mail CJACKMAN@UNITEDLUMBER.CA	
Role and responsibilities in emergency TO MAKE SURE FACILITY FOR PROPANE IS SAFE FOR STAFF & CUSTOMERS	

5. Facility 24-Hour Contact Person

Name CECILIA JACKMAN	For Office Use - Party No.
Official Title BRANCH MANAGER	
Cell No. 647-230-8433	Fax No. 905-877-3325
E-mail CJACKMAN@UNITEDLUMBER.CA	
Role and responsibilities in emergency TO MAKE SURE FACILITY FOR PROPANE IS SAFE FOR STAFF & CUSTOMERS	

2. Facility Contact Personnel - Alternate Contact

Name ROB MILENKOVIC	For Office Use - Party No.
Official Title YARD FOREMAN	
Telephone No. 905-873-8007	Fax No. 905-877-3325
E-mail RMILENKOVIC@UNITEDLUMBER.CA	
Role and responsibilities in emergency TO ENSURE ALL STAFF & CUSTOMERS ARE SAFE - EQUIPMENT WORKING PROPERLY	

6. Name of Facility Manager

Name <i>Cecilia Jackman</i>	For Office Use - Party No.
Official Title <i>Branch Manager</i>	
Telephone No. <i>647-230-8433</i>	Fax No. <i>905-877-3325</i>
E-mail <i>cjackman@unitedlumber.ca</i>	
Role and responsibilities in emergency <i>To make sure facility for propane is safe for staff & customers</i>	

3. Local Fire Services - Key Contact

Name HARRY OLIVIERI	For Office Use - Party No.
Official Title CHIEF OFFICER FOR FIRE PROTECTION	
Telephone No. 905-873-2601 X 2102	Fax No.
E-mail HARRYO@HALTONHILLS.CA	
Role and responsibilities in emergency FIRE DIRECTION	

7. Propane Supplier Key Contact Person

Name HUGH SUTHERLAND	For Office Use - Party No.
Official Title VP	
Telephone No. 905-857-1448	Fax No. 905-857-8491
E-mail HUGH.JR@CALEDONPROPANE.COM	
Role and responsibilities in emergency PROPANE EMERGENCY RESPONDER	

4. Local Fire Services - Alternate Contact

Name <i>Brent Marshall</i>	For Office Use - Party No.
Official Title <i>Fire chief & director</i>	
Telephone No. <i>905-873-2601</i>	Fax No.
E-mail <i>brentm@haltonhills.ca</i>	
Role and responsibilities in emergency <i>Fire & emergency direction</i>	

8. Municipal Contact

Name MIKE CUTBERSON	For Office Use - Party No.
Official Title ZONING APPROVALS	
Telephone No. 905-873-2601 EXT 2320	Fax No. 905-873-2347
E-mail MIKEC@HALTONHILLS.CA	
Municipality TOWN OF HALTON HILLS	

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Name of person completing this form (please print) VIC DEBIASIO	Official Title OWNER
Signature <i>[Signature]</i>	Telephone No. 905-873-8007
	Date (dd-mm-yyyy) 22-07-2011



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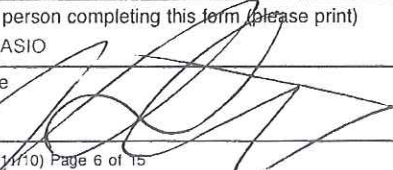
SECTION B: EMERGENCY AND PREPAREDNESS RESPONSE PLAN (cont'd)

2. Additional Safety Measures

Describe any other measures in place at the facility that exceed the minimum Code and Standards requirements.

DEADMAN SWITCH INSTALLED 2008 TO UPGRADE SYSTEM

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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) JULY 2011	Print Name of Training Provider: UNITED LUMBER HOME HARDWARE
	Print Name of Instructor: CECILIA JACKMAN
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) JULY 2011	Print Name of Training Provider: UNITED LUMBER HOME HARDWARE
	Print Name of Instructor: CECILIA JACKMAN
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) 26-04-2010	Print Name of Training Provider: CALEDON PROPANE INC.
	Print Name of Instructor: HUGH SUTHERLAND
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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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) JULY 2012	Print Name of Training Provider: UNITED LUMBER HOME HARDWARE
	Print Name of Instructor: CECILIA JACKMAN
Target Date (dd-mm-yyyy) JULY 2013	Print Name of Training Provider: UNITED LUMBER HOME HARDWARE
	Print Name of Instructor: CECILIA JACKMAN
Target Date (dd-mm-yyyy) JULY 2014	Print Name of Training Provider: UNITED LUMBER HOME HARDWARE
	Print Name of Instructor: CECILIA JACKMAN

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

Target Date (dd-mm-yyyy) JULY 2012	Print Name of Training Provider: UNITED LUMBER HOME HARDWARE
	Print Name of Instructor: CECILIA JACKMAN
Target Date (dd-mm-yyyy) JULY 2013	Print Name of Training Provider: UNITED LUMBER HOME HARDWARE
	Print Name of Instructor: CECILIA JACKMAN
Target Date (dd-mm-yyyy) JULY 2014	Print Name of Training Provider: UNITED LUMBER HOME HARDWARE
	Print Name of Instructor: CECILIA JACKMAN

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

Target Date (dd-mm-yyyy) AUG 2013	Print Name of Training Provider: CALEDON PROPANE INC.
	Print Name of Instructor: HUGH SUTHERLAND
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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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).

ALL STAFF ARE TO FOLLOW EMERGENCY PLAN

SHUT OFF PROPANE DISPENSER USING REMOTE EMERGENCY SWITCH

CONTACT ALL CUSTOMERS AND STAFF USING PA SYSTEM TO EXIT BUILDING TO SAFE AREA

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).

ALL STAFF ARE TO FOLLOW EMERGENCY PLAN AND MEET AT DESIGNATE SAFE AREA ON EMERGENCY PLAN (FRONT PARKING LOT UNDER HOME HARDWARE SIGN). STAFF ARE TO CAL 911.

IF SPRINKLER SYSTEM IS ACTIVATED IT AUTOMATICALLY CALLS FIRE DEPT.

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).

AS PER EMERGENCY RESPONSE PLACE ANY EMPLOYEE CAN CONTACT 911

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

FIRE SERVICES HAS DIRECT ACCESS TO THE PROPANE DISPENSER 24 HOURS PER DAY - NO RESTRICTIONS ON ENTRY TO SITE

Describe how the licence holder will ensure continual flow of updated information to authorities.

SUPERVISOR ON DUTY WILL UPDATE AUTHORITIES UNTIL MAIN SITE CONTACT ARRIVES ON SITE

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

10 MINUTES

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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 type="checkbox"/> | <input checked="" 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 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) | | <u>40.33 M</u> |
| 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) | | <u>N/A</u> |

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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
<input type="checkbox"/>	<input type="checkbox"/>

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-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		

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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) 07-22-2011	Capacity of single largest propane storage vessel (USWG) 2000 USWG
Tank setback coordinates. Indicate placement on the map.	
Front: 35.33 M	Right side property line: 28.30 M
Rear: 97.87 M	Left side property line: 76.88 M
GPS coordinates of single largest vessel: 43°38'59.22"N 79°53'4.39"W	

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) VIC DEBIASIO	Official Title OWNER
Signature 	Telephone No. 905-873-8007
	Date (dd-mm-yyyy) 07-22-2011



Technical Standards and Safety Authority
www.tssa.org

14th Floor - Centre Tower
3300 Bloor Street West
Toronto Ontario M8X 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

SECTION C: SUBMISSIONS (cont'd)
Applicant must include a Facility Site Plan and Map of Surrounding Area

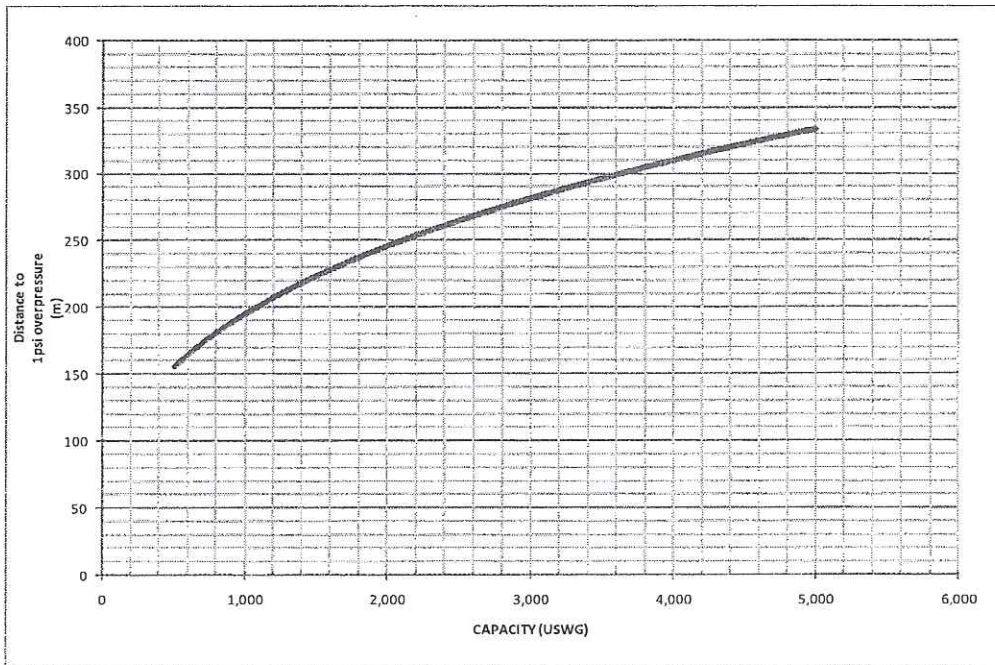
Table 1: Distance Table

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)



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Name of person completing this form (please print) VIC DEBIASIO	Official Title OWNER	
Signature 	Telephone No. 905-873-8007	Date (dd-mm-yyyy) 22-07-2011



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3300 Bloor Street West
Toronto Ontario M8X 2X4
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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>GERRIE ELECTRIC WHOLESALE LIMITED</u> Address: <u>317 ARMSTRONG AVE.</u> City: <u>GEORGETOWN</u> Province <u>ONTARIO</u> Postal Code <u>L7G 4X6</u>				X	<u>56</u> m
Residential building units specifically permanent single family dwellings, condominiums, and apartments. [REDACTED]				X	<u>200</u> m
Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: <u>UNITED HOME HARDWARE</u> Address: <u>333 GUELPH STREET</u> City: <u>GEORGETOWN</u> Province <u>ONTARIO</u> Postal Code <u>L7G 4B3</u>			X		<u>5</u> m
Commercial building units -- continuous occupancy specifically hotels, campgrounds, and resorts. Name: <u>N/A</u> Address: _____ City: _____ Province _____ Postal Code _____	X				<u>0</u> m
Sensitive institutions specifically hospitals, schools and day cares, nursing and retirement homes, mental health institutions, and prisons. Name: <u>N/A</u> Address: _____ City: _____ Province _____ Postal Code _____	X				<u>0</u> m
Emergency responders specifically fire stations, ambulance stations, and police stations. Name: <u>HALTON HILLS DISTRICT 2 (HEAD QUARTERS)</u> Address: <u>53 MAPLE AVENUE</u> City: <u>GEORGETOWN</u> Province <u>ONTARIO</u> Postal Code <u>L7G 1X8</u>	X				<u>2100</u> m

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

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Signature 	Telephone No. 905-873-8007 Date (dd-mm-yyyy) 22-07-2011



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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	7	67.34
# 30	8.8		
# 20	5.8	96	556.80
# 10	2.9		
# 5	1.5		
Total Cylinder Capacity 624.14			

Tanks Stored On-site Not Connected for Use

Tank Size In USWG	Quantity	Total Volume in USWG
Total Tank Capacity		

Total Cylinder Capacity	624
Total Tank Capacity	2000
Total Portable Capacity	0

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) VIC DEBIASIO	Official Title OWNER
Signature 	Telephone No. 905-873-8007
	Date (dd-mm-yyyy) 22-07-2011



July 22nd, 2011

UNITED HOME HARDWARE
BOLTON
12833 HIGHWAY 50 SOUTH
BOLTON, ONTARIO
L7E 1M5
905-857-6970
(IDENTIFIED BY YELLOW PIN)

2000 USWG VERTICAL
PROPANE DISPENSER

HAZARD DISTANCE - 246 m

(IDENTIFIED BY RED PIN)

TANK SET-BACK TO;

FRONT: 60 m

REAR: 170 m

RIGHT: 21 m

LEFT: 287 m

Propane GPS location:

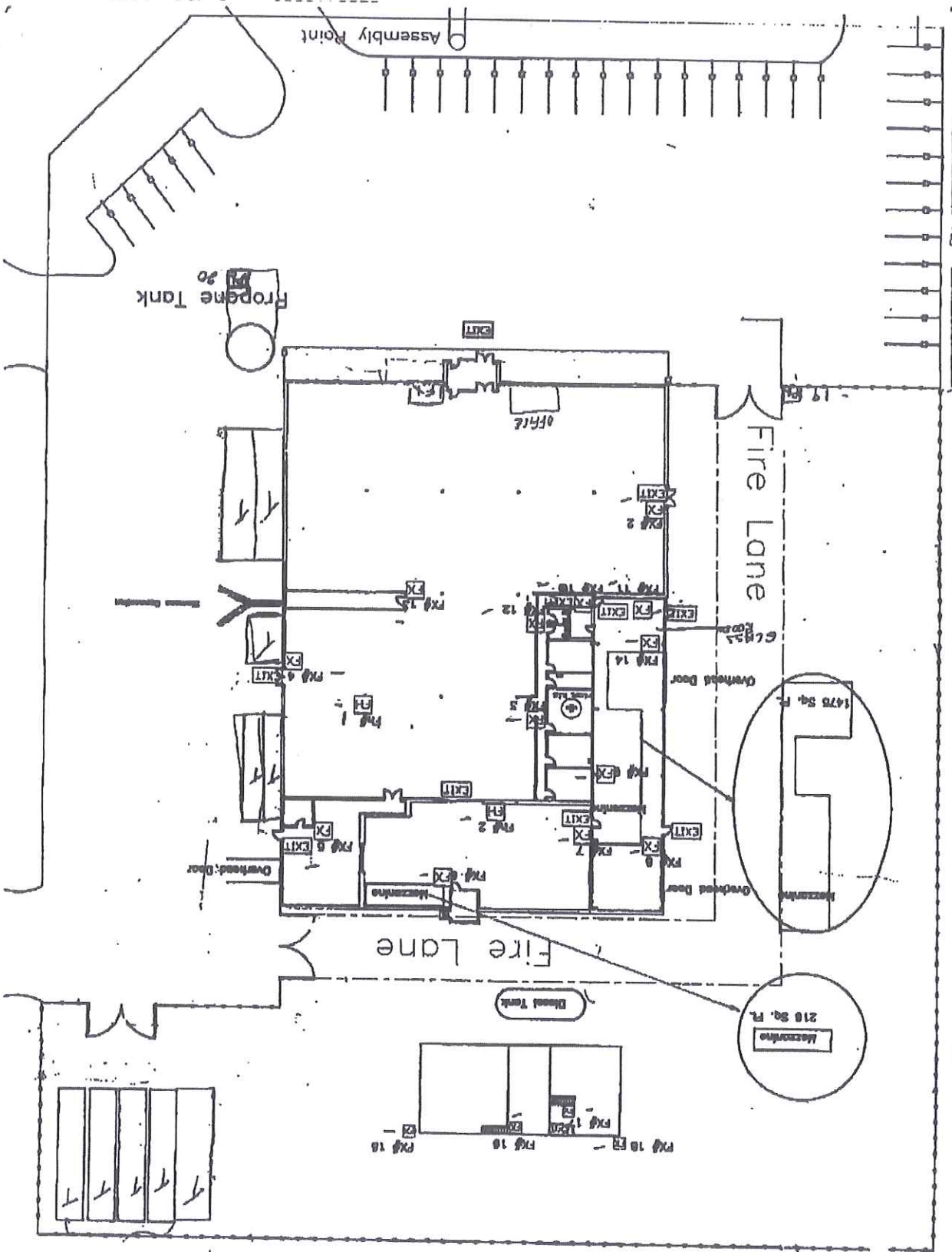
43°51'52.65" N 79°42'57.46" W

Municipality is:
TOWN OF CALEDON
TOWN HALL
6311 Old Church Road, Caledon,
Ontario L7C 1J6
T 905.584.2272 | 1.888.CALEDON |
F 905.584.4325

MUNICIPAL CONTACT
KAREN LANDRY
DIRECTOR / TOWN CLERK
905-584-2272 X 4218
karen.landry@caledon.ca

Mapbox Date: 8/31/2009 2004

Image © 2011 DigitalGlobe © 2011 Google
43°51'53.27" N 79°42'59.03" W elev 243 m



Georgetown - United Lumber Home Hardware
 Fire Extinguishers & Emergency Exits.