



Technical Standards and Safety Authority
www.tssa.org

14th Floor - Centre Tower
3300 Bloor Street West
Toronto Ontario M8X 2X4
Fax: 416.231.4078
Customer Service: 1.877.682.8772

Intake Group

AUG 21 2018

...ent 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 onsite.

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.

A Company Name: 2626634 ONTARIO INC Corporation No.: 2626634

Operator Name (if different from above):

Telephone No.: 519-632-7321 Fax No.: 519-632-7322 E-mail: zyrfuelstop@gmail.com

B Street No.: 1202 Street Name / 911 Number / Address, if applicable: NORTHUMBERLAND ST

Town / City or Township / County: AYR Province: ONTARIO Postal Code: N0B 1E0

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.: 1202 Street Name / 911 Number / Address, if applicable: NORTHUMBERLAND ST Nearest Major Intersection:

Town / City or Township / County: AYR Province: ONTARIO Postal Code: N0B 1E0

Name of Licence Holder: 2626634 ONTARIO INC

Name of a Senior Management person as defined in the regulation holding the Record of Training (ROT): RACHHPAL BASRANORTH DUMFRIES 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-mmm-yyyy)
Name of Licence Holder: 2626634 ONT INC	<i>R. Jauk</i>	AUG 09/2018
Name of Senior Management person as defined in the Regulation holding the Record of Training: RACHHPAL BASRA	<i>RACHHPAL</i>	



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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. _____

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

	PSIG	Serial Number
Tank 1:	250 PSI@115 DEG F	477-93
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: _____ Portable: _____ Mobile: _____

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Name of person completing this form (please print) CHERYL MURRAY	Official Title MANAGER	
Signature <i>C. Murray</i>	Telephone No. 519-632-7321	Date (dd-mmm-yyyy) 30-07-2018



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SECTION A: GENERAL INFORMATION (cont'd)
Activity Information

Name of Propane Supplier(s) PRIMAX ENERGY INC		For Office Use - Party No.	
Street No. 2558	Street Name / 911 Number / Address, if applicable CEDAR CREEK ROAD RR#1		
Town / City or Township / Country AYR		Province ON	Postal Code N0B 1E0
Telephone No. 519-740-8209	Fax No. 579-740-1015	Contact Name TIM VIZEAU	
E-mail tviseau@primaxenergu.com			

Name of Propane Transporter. If same as above, please check box. <input checked="" type="checkbox"/>		For Office Use - Party No.	
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.	
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) <i>CHEYL MURRAY</i>	Official Title <i>MANAGER</i>	
Signature <i>CMurray</i>	Telephone No. <i>519-632-7321</i>	Date (dd-mmm-yyyy) <i>30-07-2018</i>



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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.

36400 LITRES REGULAR GASOLINE UNDERGROUND

22700 LITRES REGULAR GASOLINE UNDERGROUND

22700 LITRES PREMIUM GASOLINE UNDERGROUND

22700 LITRES CLEAR DIESEL UNDERGROUND

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

FIRE EXTINGUISHERS MANUALLY OPERATED

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.

SMOKE ALARM IN STORE AREAS FIRE AUTOMATICALLY ALERTS NORTH DUMFRIES FIRE DEPARTMENT

BURGLAR ALARMS

Maintenance and testing schedule for fire protection controls and devices.

ALARM SYSTEM TESTED ANNUALLY

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Signature <i>Ch Murray</i>	Telephone No. 519-632-7321
	Date (dd-mmm-yyyy) 30-07-2018



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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 CHERYL MURRAY		For Office Use - Party No.		Name PAUL BASRA		For Office Use - Party No.	
Official Title MANAGER				Official Title OWNER			
Telephone No. 519-614-3402		Fax No.		Cell No. 416-560-6920		Fax No.	
E-mail ayrfuelstop@gmail.com				E-mail paulbasra@sympatico.ca			
Role and responsibilities in emergency Ensure evacuation safety of all persons-call 911				Role and responsibilities in emergency Ensure evacuation safety of all persons-call 911			
2. Facility Contact Personnel - Alternate Contact				6. Name of Facility Manager			
Name PITA NAVA		For Office Use - Party No.		Name CHERYL MURRAY		For Office Use - Party No.	
Official Title SALES REPRESENTATIVE				Official Title STORE MANAGER			
Telephone No. 226-792-7144		Fax No.		Telephone No. 519-632-7321		Fax No. 519-632-7322	
E-mail ayrfuelstop@gmail.com				E-mail ayrfuelstop@gmail.com			
Role and responsibilities in emergency Ensure evacuation safety of all persons-call 911				Role and responsibilities in emergency ENSURE EVACUATION AND SAFETY OF ALL PERSONS-CALL911			
3. Local Fire Services - Key Contact				7. Propane Supplier Key Contact Person			
Name ROBERT SHANTZ		For Office Use - Party No.		Name TIM VIZEAU		For Office Use - Party No.	
Official Title FIRE CHIEF		E-mail rshantz@northdumfries.ca		Official Title SALES REP-account manager		E-mail tvizeau@primemaxenergy.com	
Telephone No. 519-632-7956		Fax No.		Telephone No. 519-740-8209		Fax No. 519-740-1015	
Role and responsibilities in emergency Ensure evacuation safety of all persons-call 911				Role and responsibilities in emergency TECHNICAL EXPERT			
Fire Services Address 501 Scott St, Ayr On, N0B 1E0				Propane Supplier Address CEDAR CREEK RD RR#1 AYR ON N0B 1E0			
4. Local Fire Services - Alternate Contact				8. Municipal Contact			
Name STEVE GLADSTONE		For Office Use - Party No.		Name ANDREW McNEELY		For Office Use - Party No.	
Official Title DEPUTY FIRE CHIEF		E-mail		Official Title CHIEF ADMINISTRATIVE OFFICER			
Telephone No. 519-632-7956		Fax No.		Telephone No. 519-632-8800 EXT 121		Fax No.	
Role and responsibilities in emergency Emergency responder fire fighter				E-mail			
Fire Services Address 501-Scott St Ayr On N0B 1E0				Municipality Name and Address TOWNSHIP OF NORTH DUMFRIES			

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Signature 		Telephone No. 519-632-7321	Date (dd-mmm-yyyy) 30-07-2018



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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.

SEE SIGN OFF SHEETS-EMERGENCY BUILDING EVACUATION PROCEDURES

EMERGENCY ACTION PLAN

PLANS TO BE REVIEWED WITH EMPLOYEES YEARLY

NEW HIRES TRAINED IN EMERGENCY ACTION PLAN AND EMERGENCY BUILDING EVACUATION PROCEDURE AS PART OF ORIENTATION

NEW HIRES SIGN OFF WHEN TRAINING COMPLETED

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Signature <i>CMurray</i>	Telephone No. 519-632-7321	Date (dd-mmm-yyyy) 30-07-2018



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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) 28-10-15	Print Name of Training Provider: CANADIAN PROPANE ASSOCIATION
	Print Name of Instructor:
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) MAY 2018	Print Name of Training Provider: CHERYL MURRAY
	Print Name of Instructor: CHERYL MURRAY
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) 21-APR-2018	Print Name of Training Provider: CARLING PROPANE
	Print Name of Instructor: DOUG CARPENTER
Training Date (dd-mmm-yyyy) 19-NOV-2017	Print Name of Training Provider: CARLING PROPANE
	Print Name of Instructor: DOUG CARPENTER
Training Date (dd-mmm-yyyy) 27-MAY-2017	Print Name of Training Provider: FSN SAFETY COMPLIANCE
	Print Name of Instructor: MIKE FARRAH

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Signature <i>CMurray</i>	Telephone No. 519-632-7321
	Date (dd-mmm-yyyy) 30-07-2018



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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) NOV-2018	Print Name of Training Provider:
	Print Name of Instructor: CHERYL MURRAY
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) NOV-2018	Print Name of Training Provider: CHERYL MURRAY
	Print Name of Instructor: CHERYL MURRAY
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) JULY-2018	Print Name of Training Provider: CARLING PROPANE
	Print Name of Instructor: DOUG CARPENTER
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).

SUPERVISOR WHO GIVE WARNING BY PHONE OR PERSONAL CONTACT. IF THERE ARE AN IMMEDIATE THREAT WARNINGS WILL BE ISSUED PRIOR TO THE ARRIVAL OF EMERGENCY RESPONDERS. WARNINGS WILL ALSO BE ISSUED TO IMMEDIATE NEIGHBOURS.

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).

SUPERVISORS OR MANAGER WILL BE ISSUE THE ORDER TO IMPLEMENT THE ACTION
ALL EMPLOYEES HAVE BEEN TRAINED IN THE EVACUATION PLAN AND MUSTER POINT LOCATION
ALL EMPLOYEES WILL INSTRUCT, LEAD OR ASSIST ALL PERSONS IN THE EVENT OF EVACUATION

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).

SUPERVISOR ON DUTY WILL CALL 911
IF UNABLE, ANOTHER EMPLOYEE WILL MAKE THE 911 CALL. ALL EMPLOYEES ARE TRAINED IN EMERGENCY REPORTING AND PROCEDURES

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

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

A REVIEW OF THE SITE WILL TAKE PLACE BIANNUALLY
CHANGES OR MODIFICATIONS WILL BE FORWARDED TO LOCAL AUTHORITIES, AND TSSA IN WRITING. RSMP WILL BE AMENDED

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

P.BASRA 1 HOUR 15 MIN
C.MURRAY 35 MIN
P.NAVA 5 MIN

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Signature 	Telephone No. 519-632-7321	Date (dd-mmm-yyyy) 30-07-2018



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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 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 type="checkbox"/>	<input checked="" 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>1000</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>1000</u>	

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Name of person completing this form (please print) CHERYL MURRAY	Official Title MANAGER	
Signature 	Telephone No. 519-632-7321	Date (dd-mmm-yyyy) 30-07-2018

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

The licence holder will complete Section B in consultation with the local Fire Services.
B. 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-mm-yy)

LOCAL FIRE SERVICES

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

Print Name	Signature	Date (dd-mm-yy)
Local Fire Services Name ROBERT SPANZ	<i>Robert Spatz</i>	15-07-2018

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) ROBERT SPANZ	Official Title FIRE CHIEF
Signature <i>Robert Spatz</i>	Telephone No. 519 652 7956 Date (dd-mm-yy) 15-07-2018



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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) 30-07-2018	Capacity of single largest propane storage vessel (USWG) 2000
Tank setback coordinates. Indicate placement on the map.	
Front: 7.8m	Right side property line: 197.1
Rear: 74.9m	Left side property line: 31.6
GPS coordinates of single largest vessel: 43.305643, 80.471409	

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

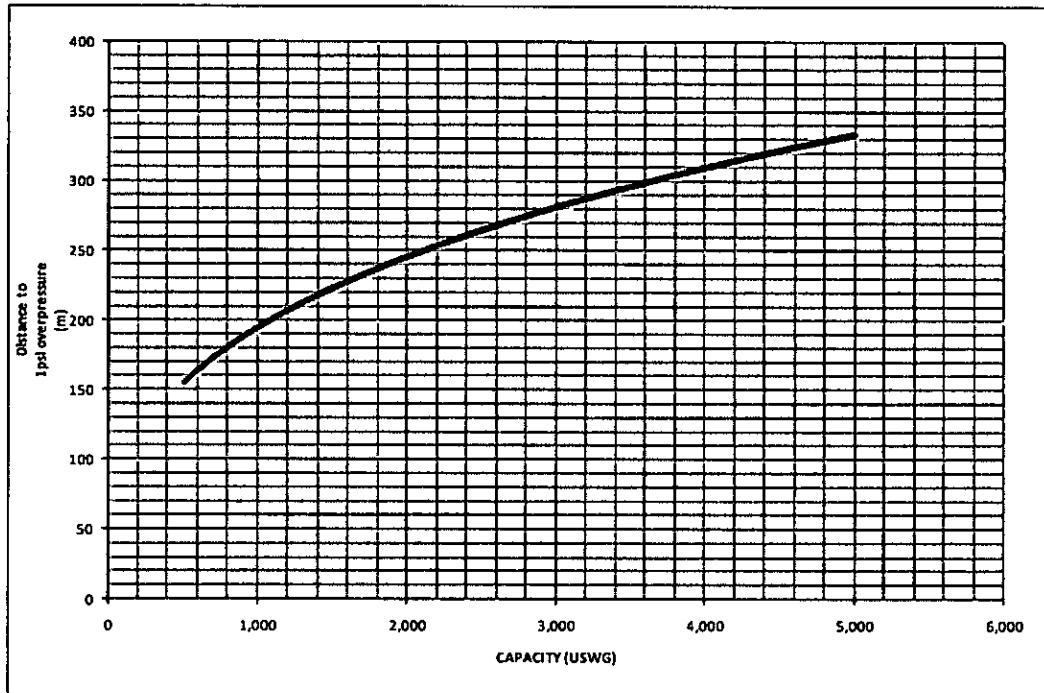
Table 1: Distance Table

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)





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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: DANAYR DRIVING RANGE VACANT Address: CLOSED City: _____ Province _____ Postal Code _____					_____ m
Residential building units specifically permanent single family dwellings, condominiums, and apartments. Name: NONE Address: _____ City: _____ Province _____ Postal Code _____					_____ m
Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: DANAYR DRIVING RANGE VACANT Address: CLOSED City: _____ Province _____ Postal Code _____					_____ m
Commercial building units – continuous occupancy specifically hotels, campgrounds, and resorts. Name: NONE Address: _____ City: _____ Province _____ Postal Code _____					_____ m
Sensitive institutions specifically hospitals, schools and day cares, nursing and retirement homes, mental health institutions, and prisons. Name: NONE Address: _____ City: _____ Province _____ Postal Code _____					_____ m
Emergency responders specifically fire stations, ambulance stations, and police stations. Name: NONE 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) CHERYL MURRAY	Official Title MANAGER
Signature 	Telephone No. 519-632-7321
	Date (dd-mmm-yyyy) 30-07-2018



Technical Standards and Safety Authority
www.tssa.org

14th Floor - Centre Tower
3300 Bloor Street West
Toronto Ontario MBX 2X4
Fax: 416.231.4078
Customer Service: 1.877.682.8772

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

WORKSHEET

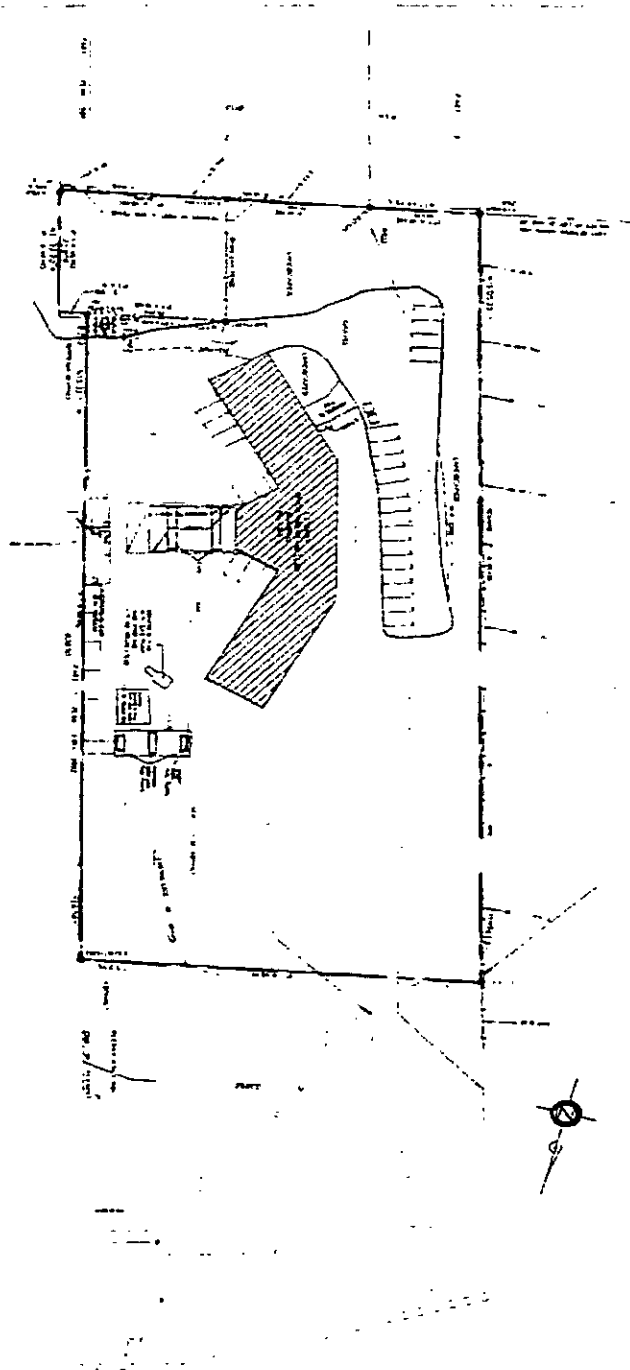
Portable Storage Additional Information Worksheet

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	6	.348
# 10	2.9		
# 5	1.5		
Total Cylinder Capacity			

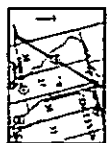
Tanks Stored On-site Not Connected for Use

Tank Size in USWG	Quantity	Total Volume in USWG
5.8	100 EMPTY TANKS	580
29	5 EMPTY TANKS	145
Total Tank Capacity		

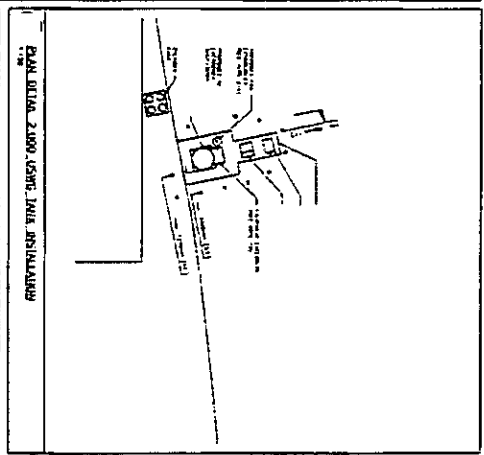
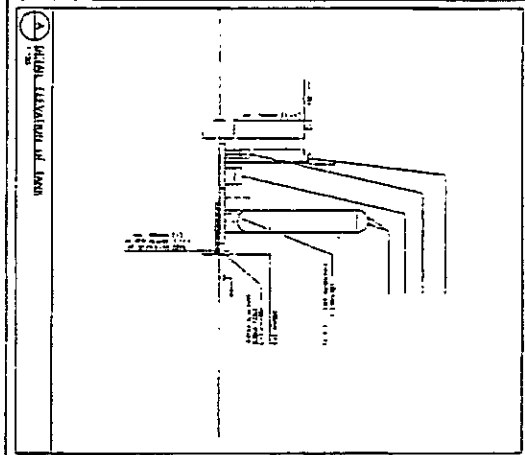
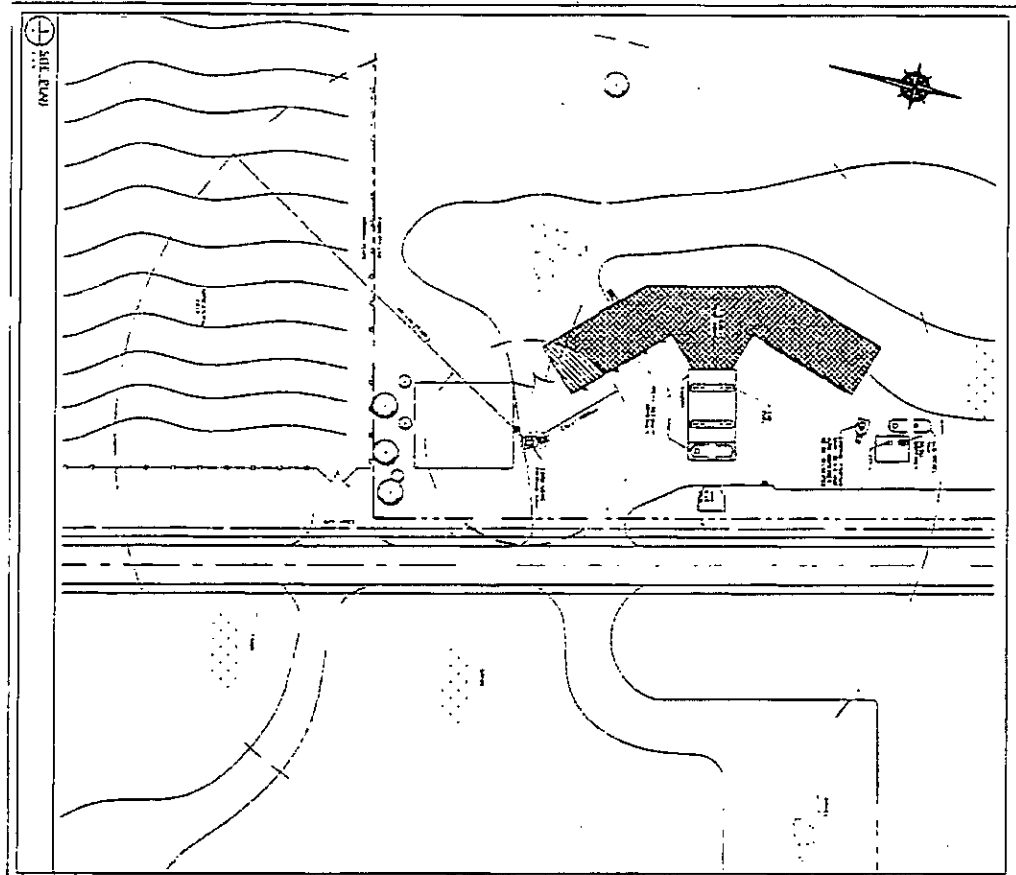
Total Cylinder Capacity	348
Total Tank Capacity	725
Total Portable Capacity (Total Cylinder Capacity + Total Tank Capacity)	1073



1:12



CONCEPT PLAN



2017-11-16 10:00 AM

1. ALL DIMENSIONS TO FACE UNLESS OTHERWISE SPECIFIED.

2. FINISH GRADE SHALL BE AS SHOWN ON THE SURVEY.

3. THE CONTRACTOR SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY PERMITS AND APPROVALS.

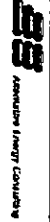
4. THE CONTRACTOR SHALL MAINTAIN ACCESS TO ALL ADJACENT PROPERTIES AT ALL TIMES.

5. THE CONTRACTOR SHALL BE RESPONSIBLE FOR PROTECTING ALL EXISTING UTILITIES AND STRUCTURES.

CONSTRUCTION SHALL BE IN ACCORDANCE WITH THE 2015 CANADIAN NATIONAL BUILDING CODE.

1. ALL DIMENSIONS TO FACE UNLESS OTHERWISE SPECIFIED.

NO.	DESCRIPTION	QUANTITY	UNIT	PRICE	TOTAL
1	CONCRETE FLOOR	100	SQ. M.	100	100
2	CONCRETE COLUMN	4	EA.	50	200
3	FOUNDATION	4	EA.	25	100
4	ROOF TRUSS	1	EA.	150	150
5	ROOF DECKING	100	SQ. M.	50	5000
6	FLOOR SLAB	100	SQ. M.	100	10000
7	CONCRETE COLUMN	4	EA.	50	200
8	FOUNDATION	4	EA.	25	100
9	ROOF TRUSS	1	EA.	150	150
10	ROOF DECKING	100	SQ. M.	50	5000
11	FLOOR SLAB	100	SQ. M.	100	10000
12	CONCRETE COLUMN	4	EA.	50	200
13	FOUNDATION	4	EA.	25	100
14	ROOF TRUSS	1	EA.	150	150
15	ROOF DECKING	100	SQ. M.	50	5000
16	FLOOR SLAB	100	SQ. M.	100	10000
17	CONCRETE COLUMN	4	EA.	50	200
18	FOUNDATION	4	EA.	25	100
19	ROOF TRUSS	1	EA.	150	150
20	ROOF DECKING	100	SQ. M.	50	5000
21	FLOOR SLAB	100	SQ. M.	100	10000
22	CONCRETE COLUMN	4	EA.	50	200
23	FOUNDATION	4	EA.	25	100
24	ROOF TRUSS	1	EA.	150	150
25	ROOF DECKING	100	SQ. M.	50	5000
26	FLOOR SLAB	100	SQ. M.	100	10000
27	CONCRETE COLUMN	4	EA.	50	200
28	FOUNDATION	4	EA.	25	100
29	ROOF TRUSS	1	EA.	150	150
30	ROOF DECKING	100	SQ. M.	50	5000
31	FLOOR SLAB	100	SQ. M.	100	10000
32	CONCRETE COLUMN	4	EA.	50	200
33	FOUNDATION	4	EA.	25	100
34	ROOF TRUSS	1	EA.	150	150
35	ROOF DECKING	100	SQ. M.	50	5000
36	FLOOR SLAB	100	SQ. M.	100	10000
37	CONCRETE COLUMN	4	EA.	50	200
38	FOUNDATION	4	EA.	25	100
39	ROOF TRUSS	1	EA.	150	150
40	ROOF DECKING	100	SQ. M.	50	5000
41	FLOOR SLAB	100	SQ. M.	100	10000
42	CONCRETE COLUMN	4	EA.	50	200
43	FOUNDATION	4	EA.	25	100
44	ROOF TRUSS	1	EA.	150	150
45	ROOF DECKING	100	SQ. M.	50	5000
46	FLOOR SLAB	100	SQ. M.	100	10000
47	CONCRETE COLUMN	4	EA.	50	200
48	FOUNDATION	4	EA.	25	100
49	ROOF TRUSS	1	EA.	150	150
50	ROOF DECKING	100	SQ. M.	50	5000
51	FLOOR SLAB	100	SQ. M.	100	10000
52	CONCRETE COLUMN	4	EA.	50	200
53	FOUNDATION	4	EA.	25	100
54	ROOF TRUSS	1	EA.	150	150
55	ROOF DECKING	100	SQ. M.	50	5000
56	FLOOR SLAB	100	SQ. M.	100	10000
57	CONCRETE COLUMN	4	EA.	50	200
58	FOUNDATION	4	EA.	25	100
59	ROOF TRUSS	1	EA.	150	150
60	ROOF DECKING	100	SQ. M.	50	5000
61	FLOOR SLAB	100	SQ. M.	100	10000
62	CONCRETE COLUMN	4	EA.	50	200
63	FOUNDATION	4	EA.	25	100
64	ROOF TRUSS	1	EA.	150	150
65	ROOF DECKING	100	SQ. M.	50	5000
66	FLOOR SLAB	100	SQ. M.	100	10000
67	CONCRETE COLUMN	4	EA.	50	200
68	FOUNDATION	4	EA.	25	100
69	ROOF TRUSS	1	EA.	150	150
70	ROOF DECKING	100	SQ. M.	50	5000
71	FLOOR SLAB	100	SQ. M.	100	10000
72	CONCRETE COLUMN	4	EA.	50	200
73	FOUNDATION	4	EA.	25	100
74	ROOF TRUSS	1	EA.	150	150
75	ROOF DECKING	100	SQ. M.	50	5000
76	FLOOR SLAB	100	SQ. M.	100	10000
77	CONCRETE COLUMN	4	EA.	50	200
78	FOUNDATION	4	EA.	25	100
79	ROOF TRUSS	1	EA.	150	150
80	ROOF DECKING	100	SQ. M.	50	5000
81	FLOOR SLAB	100	SQ. M.	100	10000
82	CONCRETE COLUMN	4	EA.	50	200
83	FOUNDATION	4	EA.	25	100
84	ROOF TRUSS	1	EA.	150	150
85	ROOF DECKING	100	SQ. M.	50	5000
86	FLOOR SLAB	100	SQ. M.	100	10000
87	CONCRETE COLUMN	4	EA.	50	200
88	FOUNDATION	4	EA.	25	100
89	ROOF TRUSS	1	EA.	150	150
90	ROOF DECKING	100	SQ. M.	50	5000
91	FLOOR SLAB	100	SQ. M.	100	10000
92	CONCRETE COLUMN	4	EA.	50	200
93	FOUNDATION	4	EA.	25	100
94	ROOF TRUSS	1	EA.	150	150
95	ROOF DECKING	100	SQ. M.	50	5000
96	FLOOR SLAB	100	SQ. M.	100	10000
97	CONCRETE COLUMN	4	EA.	50	200
98	FOUNDATION	4	EA.	25	100
99	ROOF TRUSS	1	EA.	150	150
100	ROOF DECKING	100	SQ. M.	50	5000



PROPERTY INFORMATION: 1000 WILSON ROAD, SUITE 200, SCARBOROUGH, ONTARIO M1S 1S8

PROJECT INFORMATION: 1000 WILSON ROAD, SUITE 200, SCARBOROUGH, ONTARIO M1S 1S8

DATE: 2017-11-16

SCALE: AS SHOWN

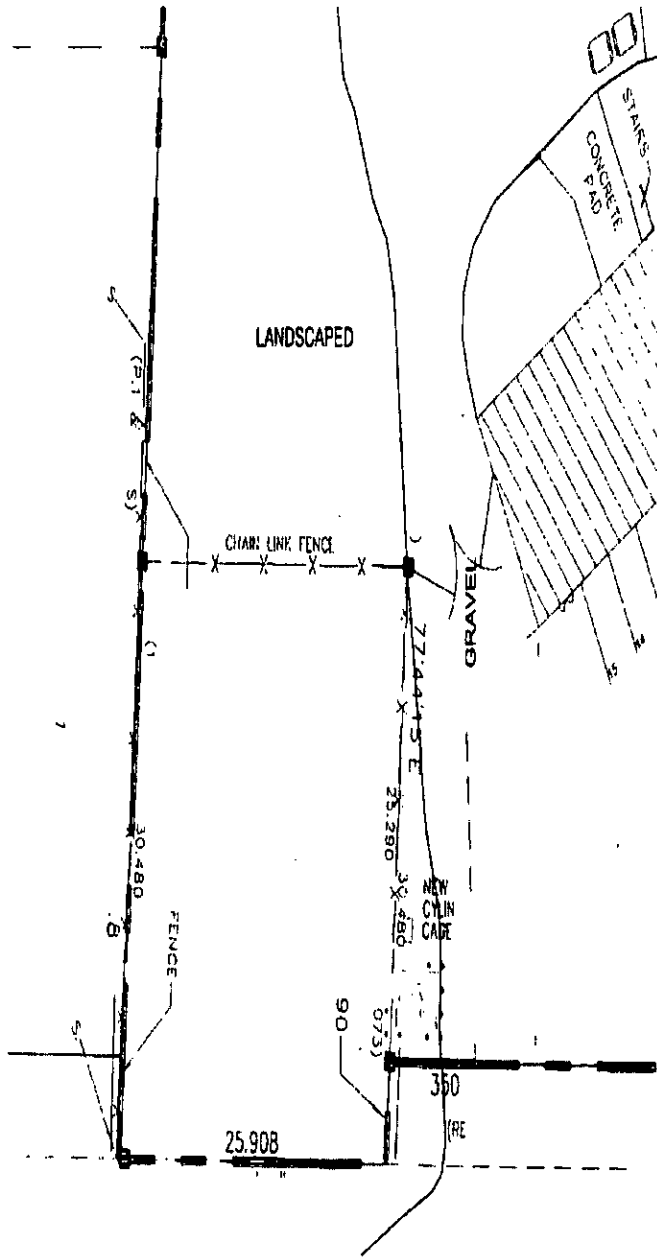
PROJECT NO: 1000 WILSON ROAD, SUITE 200, SCARBOROUGH, ONTARIO M1S 1S8

CLIENT: 1000 WILSON ROAD, SUITE 200, SCARBOROUGH, ONTARIO M1S 1S8

DRAWN BY: 1000 WILSON ROAD, SUITE 200, SCARBOROUGH, ONTARIO M1S 1S8

CHECKED BY: 1000 WILSON ROAD, SUITE 200, SCARBOROUGH, ONTARIO M1S 1S8

APPROVED BY: 1000 WILSON ROAD, SUITE 200, SCARBOROUGH, ONTARIO M1S 1S8



NORT



Technical
Standards and
Safety Authority

Ontario Fuels Safety Licence

Technical Standards and Safety Act

This Licence is issued to operate a
Propane Refill Centre - Cylinder Fill
Propane Refill Centre - Motor Fill

Licence Number:
000303622

Site ID: 10074798

Located at:
1202 NORTHUMBERLAND ST
AYR ON N0B 1E0
CANADA

Licensed/Registered Capacity (if applicable)

Fixed Capacity 2000 USWG
Mobile Capacity 0 USWG
Portable Capacity 348 USWG

Expires on 28-AUG-2019

2626634 ONTARIO INC.
1202 NORTHUMBERLAND ST
AYR ON N0B 1E0
CANADA



Issued by the Director

This Licence is Not Transferable.

OPERATION OF THIS FACILITY WITHOUT A VALID LICENCE IS AN OFFENCE UNDER THE ACT.

This licence, or a copy of the licence, shall be displayed in a conspicuous place at the business premises set out on the licence.

Issued under the *Technical Standards and Safety Act, 2000*,
and the applicable regulation and subject to the limitations thereof.

**For all enquiries or to update any of the information on this licence,
please contact the Technical Standards and Safety Authority.**

Telephone: 1.877.682.8772
E-mail: customerservices@tssa.org

2626634 ONTARIO INC.
1202 NORTHUMBERLAND ST
AYR ON N0B 1E0
CANADA