



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 000205741

Check applicable type of propane operations.

- Cylinder     Motor Fill     Filling Plant     Card/Koylock

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 **A** CANADIAN TIRE Ontario Corporation No., if applicable

Operator Name (if different from above) **DAVID A. CLIFFORD**

Telephone No. 905-728-6272    Fax No. 905-728-9440    E-mail ct075dir@on.albn.com

Street No. 441    Street Name / 911 Number / Address, if applicable **GIBB STREET**

Town / City or Township / County **OSHAWA**    Province **ON**    Postal Code **L1J 1Z4**

Mailing address if different from above.

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.

Street No. 441    Street Name / 911 Number / Address, if applicable **GIBB STREET**    Nearest Major Intersection **STEVENSON RD. & GIBB STREET**

Town / City or Township / County **OSHAWA**    Province **ON**    Postal Code **L1J 1Z4**

Name of Licence Holder

**DAVID CLIFFORD**

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

**LISA CORRIGAN**

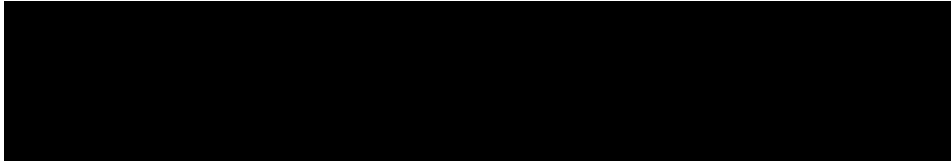
ROT type

PTI Course: 100-08

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

**DURHAM**

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 <b>DAVID CLIFFORD</b>	Signature	Date (dd-mm-yyyy) <b>26/06/2013</b>
Name of Senior Management person as defined in the Regulation holding the Record of Training <b>LISA CORRIGAN</b>	Signature	Date <b>26/06/2013</b>



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

Indicate the year the facility was established. 1999  
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:	2000VSWG	46-4
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      Portable: 500 GALLONS      Mobile: N/A

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Name of person completing this form (please print) LISA CORRIGAN	Official Title MERCHANDISING MANAGER
Signature <i>Lisa Corrigan</i>	Telephone No. 905-728-6272
	Date (dd-mm-yyyy) <i>26/06/13</i>





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

Name of Propane Supplier(s) SUPERIOR PROPANE			
Street No. 251	Street Name / 911 Number / Address, if applicable WOODLAWN RD WEST, UNIT 217		
Town / City or Township / Country GUELPH		Province ON	Postal Code N1H 8J1
Telephone No. 1/877/873/7467	Fax No. 519-836-7766	Contact Name MIKE MULLINS	
E-mail mullinsm@superiorpropane.com			

Name of Propane Transporter. If same as above, please check box. <input type="checkbox"/>			
SUPERIOR PROPANE - 5020-WHITBY			
Street No. 505	Street Name / 911 Number / Address, if applicable VICTORIA ST. E.		
Town / City or Township / Country WHITBY		Province ON	Postal Code L1N 9Z3
Telephone No. 705-927-2234	Fax No.	Contact Name MARK WAKEFORD	
E-mail wakeford@superiorpropane.com			

Off-site Cylinder and/or Mobile Storage none	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
Telephone No.		Contact Name

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

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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.  
waste oil tank is 5,000 litres maximum and waste coolant 67,5 litres max. located west side of building in storage compound. 2 oxygen 446.9m3 and 2 acetelyne size 69 CGA 410- 2 blueshield size 223 .74m3 CGA 580, 2 nitrogen size 50 8.45m3 tanks inside shop tool crib

Description of fire and emergency equipment indicated on facility site map.  
fire hydrant by front entrance middle of property approx 28m east of propane  
20 lb fire extinguisher located inside filling station  
6 10lb fire extinguishers located in shop bay area

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.  
fuseable link on ISC valve between tank & propane dispenser; pump shutoff switch @ propane station shuts of power to pump; electrical shut off switch located on back wall in shop leading out to locked compound shuts off all propane power at night; ICS valve Interlock cable must be manually turned off to close cabinet door; emergency fire pull station located inside of auto service entrance; emergency shut-off switch located on pole beside propane station

Maintenance and testing schedule for fire protection controls and devices.  
fire oxtinguishers checked monthly  
yearly inspection by Superior Propane  
yearly inspection by Pro Fire Safety Services

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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>6. Facility 24-Hour Contact Person</b>	
Name DAVID CLIFFORD	For Office Use - Party No.	Name David Clifford	For Office Use - Party No.
Official Title DEALER		Official Title Dealer	
Telephone No. 905-728-6272	Fax No. 905-728-9440	Cell No. 416-526-1413	Fax No. 905-728-9440
E-mail dave.clifford@sympatico.ca		E-mail dave.clifford@sympatico.ca	
Role and responsibilities in emergency co-ordinate site response		Role and responsibilities in emergency co-ordinate site response	

<b>2. Facility Contact Personnel - Alternate Contact</b>		<b>6. Name of Facility Manager</b>	
Name LISA CORRIGAN	For Office Use - Party No.	Name David Clifford	For Office Use - Party No.
Official Title MERCHANDISING MANAGER		Official Title Dealer	
Telephone No. 905-576-7838 (HOME)	Fax No. 905-728-9440	Telephone No. 905-728-6272	Fax No. 905-728-9440
E-mail corrigan.lisa@hotmail.com		E-mail dave.clifford@sympatico.ca	
Role and responsibilities in emergency co-ordinate site response if dealer not available		Role and responsibilities in emergency co-ordinate site response	

<b>3. Local Fire Services - Key Contact</b>		<b>7. Propane Supplier Key Contact Person</b>	
Name Steve Meringer	For Office Use - Party No.	Name Superior Propane Hotline	For Office Use - Party No.
Official Title Fire Chief	E-mail smeringer@oshawa.ca	Official Title	E-mail
Telephone No. 905-436-5636	Fax No. 905-433-0276	Telephone No. 1-877-873-7467	Fax No.
Role and responsibilities in emergency personnel and fire fighting activities		Role and responsibilities in emergency	
Fire Services Address		Propane Supplier Address	

<b>4. Local Fire Services - Alternate Contact</b>		<b>8. Municipal Contact</b>	
Name Susan King	For Office Use - Party No.	Name Sandra Krane	
Official Title Chief Fire Prevention Officer	E-mail	Official Title City Clerk	
Telephone No. 905-436-5636 ext 3324	Fax No. 905-436-3883	Telephone No. 905-436-5636	Fax No. 905-436-5697
Role and responsibilities in emergency reviews RSMP's for Oshawa & provided guidance and ensures sites are in compliance also co-ordinates inspections		E-mail skrane@oshawa.ca	
Fire Services Address		Municipality Name and Address Oshawa	

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Signature <i>Lisa Corrigan</i>	Telephone No. 905-728-6272
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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 button to shut down pump and close solenoid valve up stream of dispensing hose

Emergency shut off of electrical main panel in garage

Manager in charge at the time can shut off main electrical panel

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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) 02/04/13	Print Name of Training Provider: FSN TRAINING & DEVELOPMENT
	Print Name of Instructor: L. WILLIS
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) on-going	Print Name of Training Provider: Lisa Corrigan
	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) on-going	Print Name of Training Provider: Lisa Corrigan
	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:

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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) Q1-2014	Print Name of Training Provider:
	Print Name of Instructor:
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) Q1-2014	Print Name of Training Provider:
	Print Name of Instructor:
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) Q1-2014	Print Name of Training Provider:
	Print Name of Instructor:
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).  
Action - the trained person on duty will contact emergency services by calling 911. They will have the area evacuated if it will effect the store. The attendant will use their portable phone to contact the manager on duty.

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).

Directions will be taken by our duty ROT/Manager on duty. If an evacuation is necessary all staff are to meet at the road sign frot of building at Gibb St.

**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).

Station is closed when not in use by attendant, Procedure in place - call 911 immediately if situation arises, leakage with fire - clear people from area, do not extinguish fire unless fuel can be shut off, close tank valve to stop flow of propane, water tank and piping exposed to heat, apply water to keep tank cool.

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

Propane site is in a large open are in parking lot so fire department will not have problems accessing site.

Two entrances into parking lot

Fire hydrant approx 28 m east of propane

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

Information on gauge outside of tank will be provided to the authorities by the facility key contact/ROT on site.

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

It would take Lisa Corrigan approx 10 minutes after receiving the emergency call

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Signature <i>Lisa Corrigan</i>		Telephone No. 905-728-6272	Date (dd-mm-yyyy) 26/06/2013



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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 checked="" type="checkbox"/>	<input 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 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)		approx 62
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)		

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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).  
was presented and signed 2012 - no changes

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) 16/05/2011	Capacity of single largest propane storage vessel (USWG) 2000
Tank setback coordinates. Indicate placement on the map.	
Front: <u>228M</u>	Right side property line: <u>94M</u>
Rear: <u>429M</u>	Left side property line: <u>453M</u>
GPS coordinates of single largest vessel: <u>43.8859, -78.8766</u>	

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

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

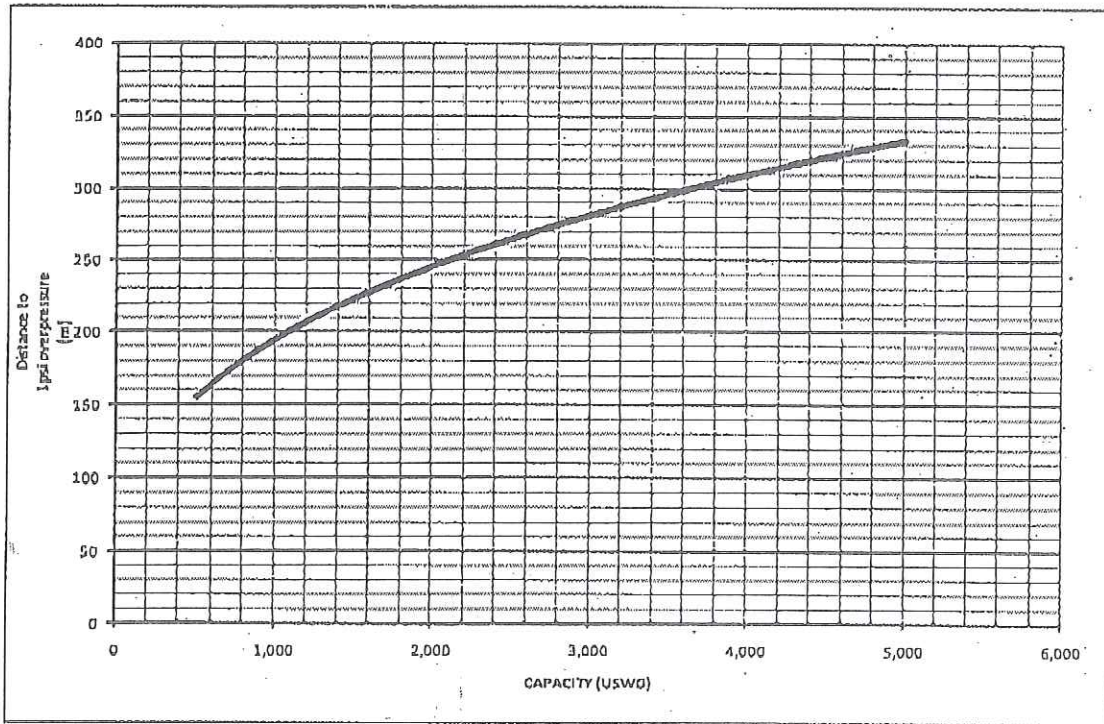
Table 1: Distance Table

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)





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

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>N/A</u> Address: _____ City: _____ Province _____ Postal Code _____					_____ m
Residential building units specifically permanent single family dwellings, condominiums, and apartments. [REDACTED]			X		68 m
Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: <u>CANADIAN TIRE STORE</u> Address: <u>441 GIBB ST</u> City: <u>OSHAWA</u> Province <u>ON</u> Postal Code <u>L1J 1Z4</u>			X		38 m
Commercial building units - continuous occupancy specifically hotels, campgrounds, and resorts. Name: <u>N/A</u> Address: _____ City: _____ Province _____ Postal Code _____					_____ 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 _____					_____ m
Emergency responders specifically fire stations, ambulance stations, and police stations. Name: <u>N/A</u> 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) LISA CORRIGAN	Official Title MERCHANDISING MANAGER
Signature <i>Lisa Corrigan</i>	Telephone No. 905-728-6272
	Date (dd-mm-yyyy) 26/06/2013





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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	20LBS X 25	
# 10	2.9		
# 5	1.5		
<b>Total Cylinder Capacity</b>			

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





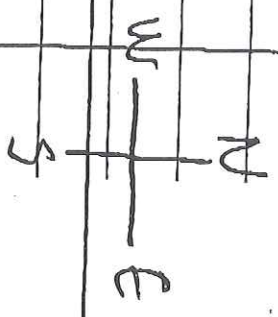
Location of Propane Storage Tank:  
**Demarcated by ● in centre of circle.**  
 Capacity of Propane Storage Tank:  
**Capacity of Propane Storage Tank = 2000 USWG**  
 GPS Coordinates of Propane Storage Tank:  
**GPS Co-ordinates = 43.8859, -78.8766**  
 Circular Distance to 1 psi overpressure:  
**Denoted by circle centred on tank radial distance = 246 m**

**Note: Property Lines a setbacks shown on site plan.**  
 Municipality (res): within the 1 psi overpressure circle:  
**The Municipality of Oshawa**  
 Municipal Contact:  
**SANDRA KRANE**  
**CITY CLERK**  
**905-436-5636**

**Map of Surrounding Area**  
 Canadian Tire - 441 Gibb Street, Oshawa Centre  
 Legal Description: Pt Lt 14 Con 1 East Whitby Pts 7,  
 14, 15, 22, 26, 45 & 52 40R18502; S/T D524079,  
 D524081; Oshawa



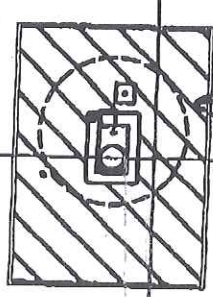
GIRB STREET



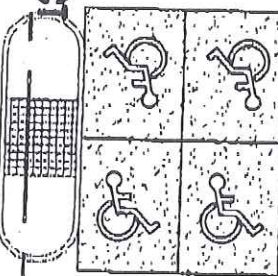
# PLAN 40R-18502

PROpane STATION

EMERGENCY SHUT OFF



LIMIT OF CONTRACT



RAISE TOWER PARAPET HEIGHT (REFER TO ELEVATION)

REPAINT EXISTING YELLOW LINES

EXISTING H/C ACCESS

AUTO SERVICE CENTRE

CTC STORE

EXISTING H/C ACCESS

CONCRETE

