



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

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: ~~000076644231~~ App. for change of license holder pending
 000216469

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.

Intake Group
 For Office Use Only

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: Silver Dove Estates Ontario Corporation No., if applicable: _____
 Operator Name (if different from above): _____
 Telephone No.: 519-289-2100 Fax No.: 519-289-2100 E-mail: johnbenjamins@xcelco.on.ca

B Street No.: 4838 Street Name / 911 Number / Address, if applicable: Switzer Drive RR#4
 Town / City or Township / County: Appin, Southwest Middlesex Province: Ontario Postal Code: NOL 1A0

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

D Location of facility:
 Street No.: 4838 Street Name / 911 Number / Address, if applicable: Switzer Drive Nearest Major Intersection: Switzer Line and MacArthur road or Thames Road
 Town / City or Township / County: Appin, Southwest Middlesex Province: Ontario Postal Code: NOL 1A0

Name of Licence Holder: Silver Dove Estates

Name of a Senior Management person as defined in the regulation holding the Record of Training (ROT): John Benjamins ROT type: PTI 100-01

Municipality (or municipalities if the facility or its hazard distance touches multiple borders): Southwest Middlesex * seasonal operation - Shutdown November to March each year (in season-dispensing available 24 hours - 7 days per week)

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.

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Print name	Signature	Date (dd-mm-yyyy)
Name of Licence Holder: <u>Silver Dove Estates</u>	<u>John Benjamins</u>	<u>10/07/13</u>
Name of Senior Management person as defined in the Regulation holding the Record of Training: <u>John Benjamins</u>		<u>25-06-2013</u>



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SECTION A: GENERAL INFORMATION (cont'd)

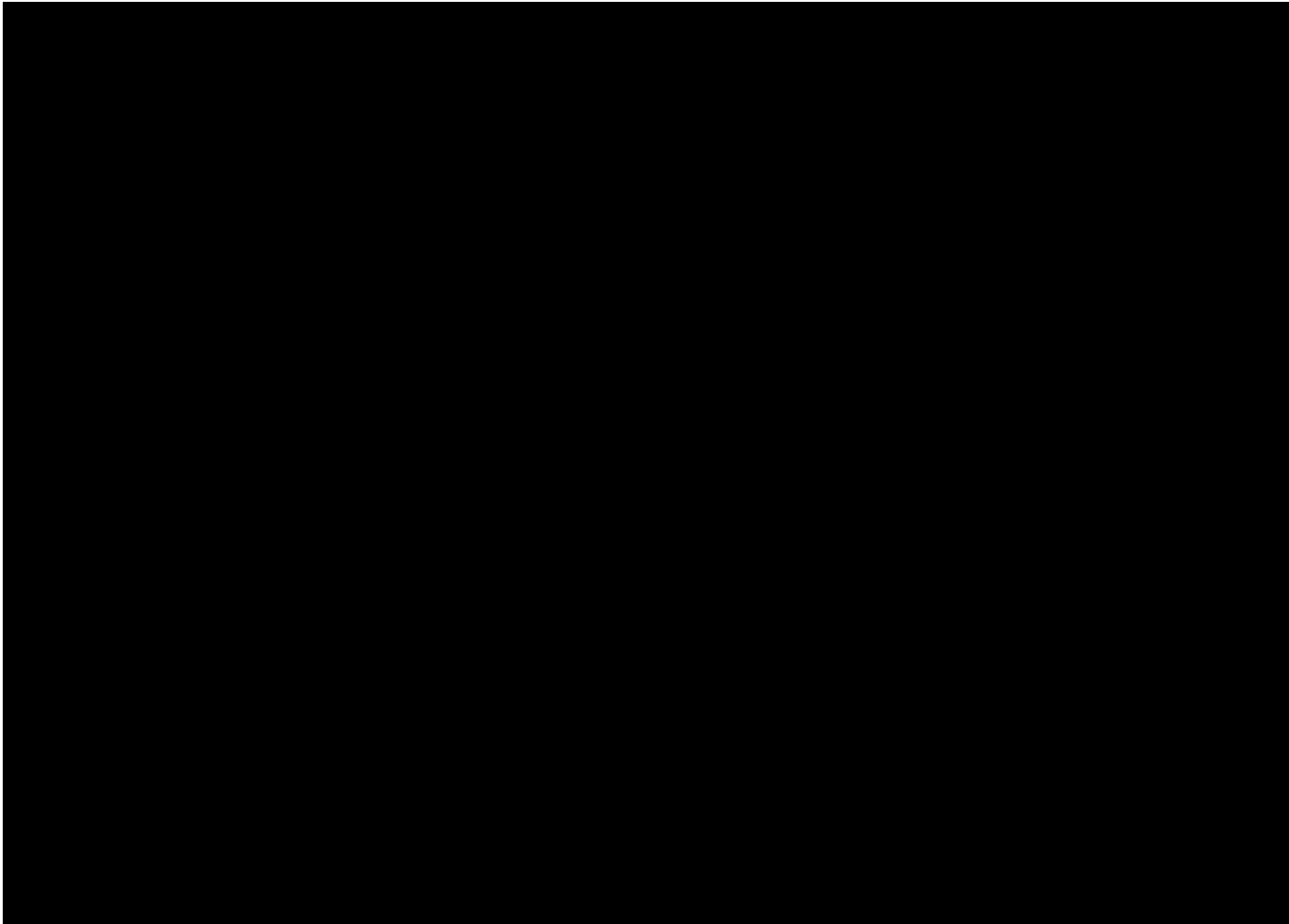
Indicate the year the facility was established. 2002 (new owners) - sold again 2013	Indicate the year of any significant modifications, as defined in s.1, O.Reg 211/01, since establishment. n/a
--	--

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

	PSIG	Serial Number
Tank1:	250	5.562059
Tank2:	_____	_____
Tank3:	_____	_____

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

Fixed: 1,000uswg Portable: 46.4uswg Mobile: n/a



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Name of person completing this form (please print) Sandra Benjamins	Official Title Owner-Operator
Signature <i>Sandra Benjamins</i>	Telephone No. 519-289-2100
	Date (dd-mm-yyyy) 25-06-2013



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SECTION A: GENERAL INFORMATION (cont'd)

Activity Information

Name of Propane Supplier(s) Dowler-Karn Limited		For Office Use - Party No. [REDACTED]	
Street No. 43841	Street Name / 911 Number / Address, if applicable Talbot Line		
Town / City or Township / Country St. Thomas		Province Ontario	Postal Code N5P 3S7
Telephone No. 519-631-3800	Fax No. 519-631-4755	Contact Name Ralph Harvey	
E-mail ralphharvey@dowlerkarn.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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Signature 		Telephone No. 519-289-2100	Date (dd-mm-yyyy) 25-06-2013



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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.

Above ground fuel tank - diesel (approx. 500 gallon). 2 Propane heating tanks (420's) - at neighbouring house trailer.

Refer to site drawing for locations

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

Fire Extinguisher at the dispenser, in the main office and in common areas

Main hydro shutoff is in the neighbouring building (see site drawing)

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

Emergency propane shutoff switch on outside of building installed per B-149 of On. gas code - allows for hydro shutoff of dispenser and closes valve stopping flow of propane in the system.

Fusible links on tank as described under B-149 of the Ontario gas code - heat sensitive automatic closure valve - main valve spring closes when the link breaks, restricting flow of gases/liquid. Fire extinguishers

Maintenance and testing schedule for fire protection controls and devices.

Annual inspection of tank and system as required per B-149 gas code - copy left on-site.

Fire extinguishers - checked monthly, tested annually (outside company)

Daily visual inspection by site manager during open season. In off season, tank is used for heating application.

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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 John Benjamins	For Office Use - Party No.	Name John Benjamins(or designate on call)	For Office Use - Party No.
Official Title Owner-Operator (Facility Manager)		Official Title Owner-Operator (Facility Manager)	
Telephone No. 519-289-2100	Fax No. same as phone	Cell No. 519-847-5022	Fax No. same as phone
E-mail johnbenjamins@xcelco.on.ca		E-mail johnbenjamins@xcelco.on.ca	
Role and responsibilities in emergency Alert authorities / Confirm evacuation of employees / ensure emergency plan executed.		Role and responsibilities in emergency Alert authorities / Confirm evacuation of employees / ensure emergency plan executed.	
2. Facility Contact Personnel - Alternate Contact		6. Name of Facility Manager	
Name Sandra Benjamins	For Office Use - Party No.	Name John Benjamins	For Office Use - Party No.
Official Title Owner-Operator (Facility Manager)		Official Title Owner-Operator (Facility Manager)	
Telephone No. 519-289-2100	Fax No. same as phone	Telephone No. 519-289-2100	Fax No. same as phone
E-mail		E-mail johnbenjamins@xcelco.on.ca	
Role and responsibilities in emergency Alert authorities / Confirm evacuation of employees / ensure emergency plan executed.		Role and responsibilities in emergency Alert authorities / Confirm evacuation of employees / ensure emergency plan executed.	
3. Local Fire Services - Key Contact		7. Propane Supplier Key Contact Person	
Name Ray Dodman	For Office Use - Party No.	Name Ralph Harvey	For Office Use - Party No.
Official Title Fire Chief		Official Title Propane Manager - St. Thomas branch	
Telephone No. cell 519-671-8023	Fax No. 519-287-2359	Telephone No. 519-631-3810	Fax No. 519-631-4755
E-mail firechief.swm@hotmail.com		E-mail ralphharvey@dowlerkarn.com	
Role and responsibilities in emergency Provide guidance on fire safety, emerg. response + preparedness. Scene mgmt and interaction with facility contacts and other emerg services.		Role and responsibilities in emergency Address any concerns. Alert support services as necessary (fire/police. emergency response personnel as required). Implement supplier ERP plan.	
4. Local Fire Services - Alternate Contact		8. Municipal Contact	
Name Rob Cole	For Office Use - Party No.	Name Janneke Newitt	For Office Use - Party No.
Official Title Glencoe Station Chief		Official Title Clerk	
Telephone No. 911	Fax No. 519-287-2359	Telephone No. 519-287-2015 ext109	Fax No. 519-287-2359
E-mail n/a		E-mail info@southwestmiddlesex.ca	
Role and responsibilities in emergency Provide guidance on fire safety, emerg. response + preparedness. Scene mgmt and interaction with facility contacts and other emerg services.		Municipality Southwest Middlesex	

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Signature <i>Sandra Benjamins</i>	Telephone No. 519-289-2100
	Date (dd-mm-yyyy) 25-06-2013



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2. Additional Safety Measures

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

The facility has been built to adhere to meet code and all current regulations.

(This area contains horizontal lines for additional text.)

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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) June/ July 2013	Print Name of Training Provider: Inhouse
	Print Name of Instructor: Sandra Benjamins
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) June/ July 2013	Print Name of Training Provider: Inhouse
	Print Name of Instructor: Sandra Benjamins
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) Based on expiry dates (3 years)	Print Name of Training Provider: CPA (formerly OPA)
	Print Name of Instructor: Dowler-Karn Certified Instructors (Ralph Harvey)
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 2014	Print Name of Training Provider: Inhouse training
	Print Name of Instructor: Sandra Benjamins
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) July 2014	Print Name of Training Provider: Inhouse training
	Print Name of Instructor: Sandra Benjamins
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) Based on expiry dates (3 years)	Print Name of Training Provider: CPA (formerly OPA)
	Print Name of Instructor: Dowler-Karn Certified Instructors (Ralph Harvey)
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).

Inhouse emergency coordinator will be the point person for any emergencies. Where it is deemed to be an emergency and evacuation is required, an announcement will be made (verbally or with bullhorn) to staff. If deemed necessary, identified residents will also be notified of requirement to evacuate.

All other communications will be through emergency response personnel upon arrival.

Refer to ERP for more details.

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).

In the event that a warning has been issued, the authorities will be contacted via 911 and all employees and residents evacuated to the meeting point per the ERP. If safe to do so, the Estop or secondary hydro shutoff will be activated. All is detailed in the ERP. Designates may be dispatched for crowd and traffic controls once accounted for at evacuation point. Depending on the severity of the situation, evacuees may be moved further away.

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).

In the event of a suspected leak, spill, fire or explosion, the emergency coordinator is to immediately call 911 once employees and residents have been ushered to safety. All steps and details are listed in the ERP.

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

he campground is accessible at all times as is the dispenser and E stop. Access to the residence would be required if there was an identified need to shut down the main hydro supply.

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

In an emergency, this will be done via land line or cellphone if safe to do so. Upon arrival, fire services will take over. In a proactive manner, Silver Dove Estates will provide site and contact information along with a copy of their ERP to fire services when the RSMP is reviewed.

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

20 minutes if after hours. Otherwise, onsite.

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Signature <i>Sandra Benjamins</i>	Telephone No. 519-289-2100	Date (dd-mm-yyyy) 25-06-2013



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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 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 type="checkbox"/>	<input checked="" type="checkbox"/>
2. Can the municipal fire department pump 375 GPM (1420 LPM) of water at this location?	<input type="checkbox"/>	<input checked="" 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>83.7m</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>83.7m (pool) / 136m</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

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

Fire services comments, if any:

Fire service has been contacted and a hard copy forwarded for review (7/4). No response to date.

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 Chief Ray Dodman		

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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.

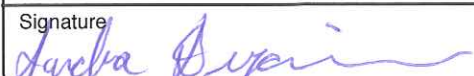
The licence holder will submit a scaled aerial map of the surrounding area showing the following information:

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) <u>24/06-2013</u>	Capacity of single largest propane storage vessel (USWG) <u>1,000</u>
Tank setback coordinates. Indicate placement on the map.	
Front: <u>363.9m</u>	Right side property line: <u>220.6m</u>
Rear: <u>280.5m</u>	Left side property line: <u>375m</u>
GPS coordinates of single largest vessel: <u>42deg45'10.04"N, 81deg37'02.69"W</u>	

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Name of person completing this form (please print) <u>Sandra Benjamins</u>	Official Title <u>Owner-Operator</u>
Signature 	Telephone No. <u>519-289-2100</u> Date (dd-mm-yyyy) <u>25-06-2013</u>



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SECTION C: SUBMISSIONS (cont'd)

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

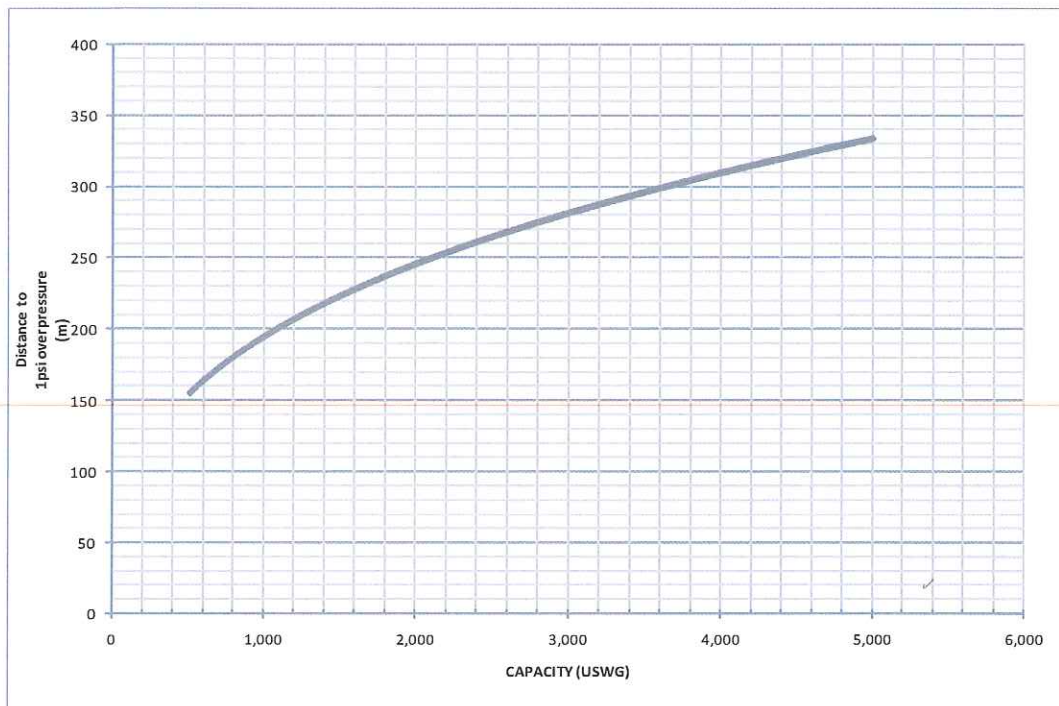
Table 1: Distance Table

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)



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) Sandra Benjamins		Official Title Owner-Operator
Signature <i>Sandra Benjamins</i>	Telephone No. 519-289-2100	Date (dd-mm-yyyy) 25-06-2013



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

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

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 _____	x				_____ m
Residential building units specifically permanent single family dwellings, condominiums, and apartments. [Redacted]				x	<u>13.88</u> m
Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: <u>Clubhouse / Tennis Courts / Pool (note: new location for clubhouse)</u> Address: <u>same as business address page 1</u> City: _____ Province _____ Postal Code _____			x		<u>23.2</u> m
Commercial building units – continuous occupancy specifically hotels, campgrounds, and resorts. Name: <u>The whole facility is a campground....n/a</u> 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".

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. <u>John Benjamins</u>	Official Title <u>Owner</u>	
Signature 	Telephone No. <u>519-847-5022</u>	Date (dd-mmm-yyyy) <u>07-24-2015</u>



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

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	8	46.4
# 10	2.9		
# 5	1.5		
Total Cylinder Capacity			

Tanks Stored On-site Not Connected for Use

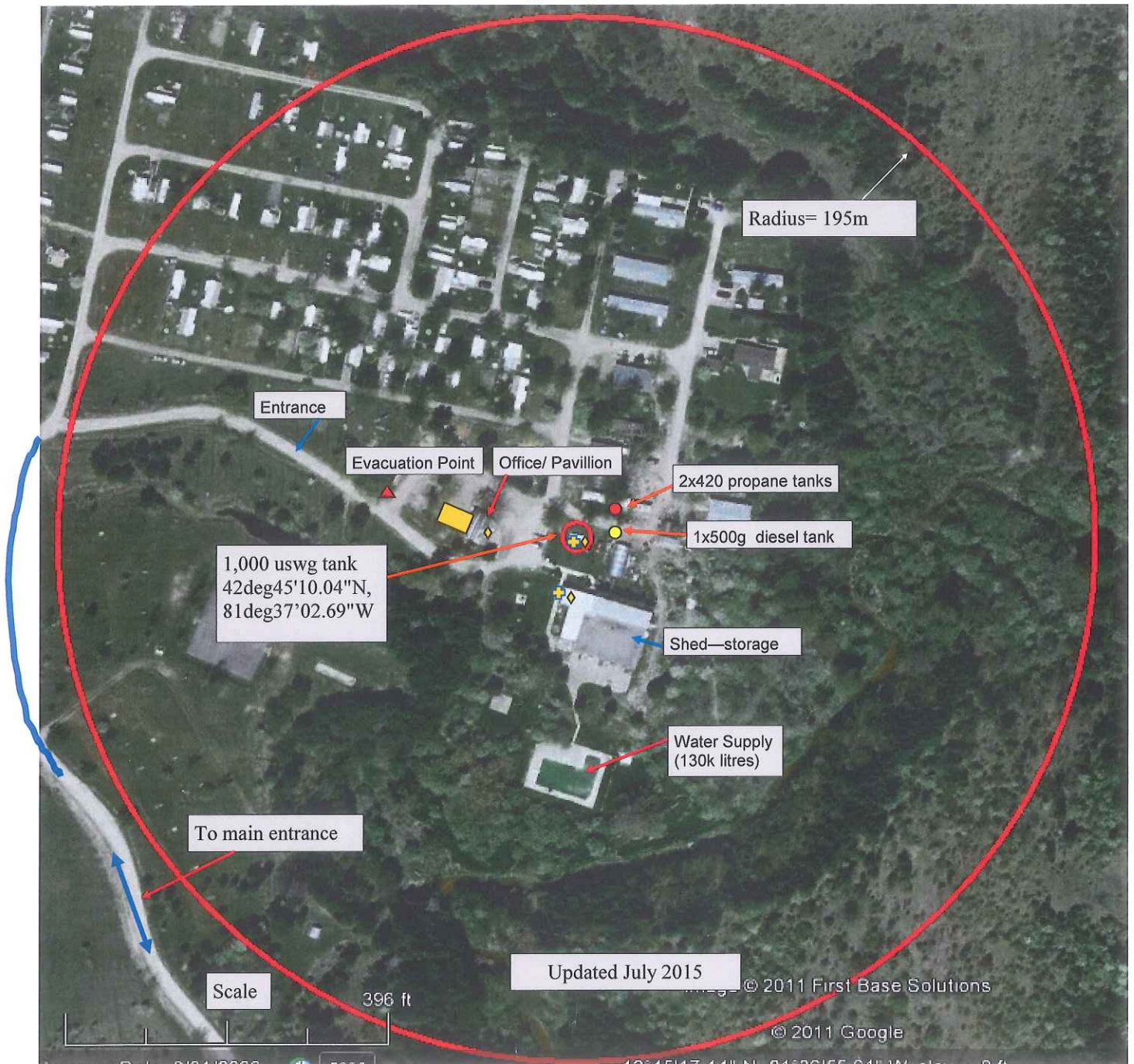
Tank Size In USWG	Quantity	Total Volume in USWG
Total Tank Capacity 0		

Total Cylinder Capacity	46.4uswg
Total Tank Capacity	1000 uswg (fixed)
Total Portable Capacity	46.4uswg

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) Sandra Benjamins	Official Title Owner-Operator	
Signature 	Telephone No. 519-289-2100	Date (dd-mm-yyyy) 25-06-2013



Silver Dove Estates
 4838 Switzer Road
 Appin, Ontario N0L 1A0

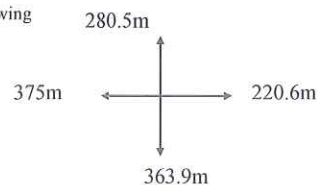


Municipality: Southwest Middlesex
 Contact: Janneke Newitt
 Phone: 519-287-2015 ext 109
 Fax: 519-287-2359
 info@southwestmiddlesex.xa

Property Setbacks

Refer to separate drawing due to property size.

-  Shutoffs
-  Fire extinguishers



Silver Dove Estates
4838 Switzer Road
Appin, Ontario N0L 1A0



Silver Dove Estates
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Site Plan

