St. Catharines

December 2, 2020

Sent via Email : edsmith121@yahoo.ca

Ed Smith
140 Dalhousie Ave.
St. Catharines, ON L2N 4X4

RE: Municipal Freedom of Information and Protection of Privacy Act
Request No. 2020-3
Former GM Site – Ontario Street
Records related to Demolition Permits

Please be advised that your request for the above-noted information has been completed.

You will note that certain information has been electronically severed;

> *Section 14, Subsection 1, of the Act, states that a head shall refuse to disclose personal information to any person other than the individual to whom the information relates; and,*

Please note that the *Copyright Act* protects these records. All terms and conditions of the *Copyright Act* apply to the use of said record. Copyrighted documents may not be reproduced for profit nor may any person/organization present these records as their own work. Notice of the copyright holder must be indicated on the records.

During a phone conversation with me and Bonnie Nistico-Dunk on October 22, 2020, you confirmed that you were not interested in obtaining copies of invoices or payment information. Please note that a large volume of duplicate records has been removed from this response. A separate Index of Responsive Records has been included for each 282 & 285 Ontario Streets.

I would advise that the costs to provide the information you requested have been adjusted to reflect the information that you required:

5 hours search time @ rate of $7.50 per ¼ hour	$ 150.00
2 hours preparation time @ rate of $7.50 per ¼ hour	$ 60.00
Photocopying 490 @ $.20 per page	$ 98.00
Total charge for requested information	$ 308.00
Less Deposit	150.00
Final Amount	**$ 158.00**

...2

Index of Responsive Records
FOI Request 2020-3
Former GM Site – 282 Ontario Street

Record	Description of Documents **16 104464 IL & 16 104465 IL**	Number of pages	Disclosed/ Access Denied
"A"	Applications/Permits/Documents - **16 104464 IL**	20 pgs.	Disclosed 14(1) Personal
"B"	Applications/Permits/Documents - **16 104465 IL**	16 pgs.	Disclosed 14(1) Personal
"C"	Supportive Documents - Copyright	4 pgs.	Disclose with Copyright Stamp
"D"	KGM Engineering Letter	7 pgs.	Disclose
"E"	Project Specific Safety Plan (PSSP)	132 pgs.	Disclose
"F"	Dynamic Industrial – Main Inspection with Pipeline Graph/Decommissioned Water Services	14 pgs.	Disclose

Carrera, Sam

From: Burrows, Sandra
Sent: Wednesday, April 06, 2016 11:49 AM
To: Robert Megna
Cc: York, Brian; Chiara Megna; Leslie Joanovits; Brian Love; Laszlo Joanovits; Amy Genest; Daron Kechichian; Carrera, Sam; Thiessen, Brian; Rogers, Todd; Johnston, Brad
Subject: RE: Request for phone call

Hi Robert.

As per our telephone conversation this morning, the Safety Plan for the demolition of the site (that we received on March 23, 2016) has now been reviewed and accepted. Therefore, I am in a position to issue the permit for Phase 1 today. Phase 1 is the rear of the property (near Haig St). I will not be in a position to issue the permit for Phase 2 until I receive the results of the pre-demolition sewer inspection.

As we also discussed, I will need you to reply with a confirmation of the replacement for [redacted] who is currently listed as the Contact and Coordinator of the work to be completed for those two permits.

Going forward, I will follow up with the Director of Finance to facilitate a meeting to discuss the outstanding fees for 285 Ontario, and I will contact Horizon and ask them to follow up with you to discuss your concerns with them.

Regards,

Sandy

Sandra Burrows P. Eng., MCIP, RPP
Chief Building Official, Manager of Building and Development
Email: sburrows@stcatharines.ca
Tel: 905.688.5601 x1602

From: Robert Megna [mailto:robert@bayshoregroups.com]
Sent: Wednesday, April 06, 2016 10:37 AM
To: Burrows, Sandra <sburrows@stcatharines.ca>
Cc: York, Brian <byork@stcatharines.ca>; Chiara Megna <chiara@bayshoregroups.com>; Leslie Joanovits <leslie@bayshoregroups.com>; Brian Love <Brian@bayshoregroups.com>; Laszlo Joanovits <laszlo@bayshoregroups.com>; Amy Genest <Amy@bayshoregroups.com>; Daron Kechichian <Daron@bayshoregroups.com>
Subject: RE: Request for phone call

Brian, Sandra,

As of Friday April 8, 2016 the GM site demolition will stop operations without the demo permit approved.
This will shut the operation down for 4-6 months as we will have to deploy our team to another site.

We are desperately in need of a response or an urgent meeting...

PLEASE HELP!!!







Robert Megna

PRESIDENT/CEO

CORPORATE HEADQUARTERS
282 Ontario Street St. Catharines ON L2R 0B4

OFFICE: (905) 228-1712 | CELL: (416) 795-0866
SKYPE: robert.bayshore

robert@BayShoreGroups.com | BayShoreGroups.com



From: Burrows, Sandra [mailto:sburrows@stcatharines.ca]
Sent: April 5, 2016 3:36 PM
To: Robert Megna <robert@bayshoregroups.com>
Cc: York, Brian <byork@stcatharines.ca>
Subject: Request for phone call

Hi Robert. Brian York tells me that you would like me to phone you. I am assuming that you would like an update on your demolition permit. I am very pressed for time today but I will endeavor to call you tomorrow.
Sandy

Sandra Burrows P. Eng., MCIP, RPP
Chief Building Official, Manager of Building and Development
Email: sburrows@stcatharines.ca **Visit:** www.stcatharines.ca
Phone: 905.688.5601 x1602 **TTY:** 905.688.4TTY (4889)
Mail: PO Box 3012, 50 Church Street, St. Catharines, ON L2R 7C2
St.Catharines

City of St. Catharines Confidentiality Notice
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Click here to report this email as spam.

St. Catharines

April 6, 2016

2390541 Ontario Inc.
C/O Bayshore Groups Attn: Chiara J Megna
282 Ontario Street
St. Catharines ON L2R 0B4

Dear Sir / Madam:

Re: Project No: 16 104464 IL
ABATEMENT AND DEMOLITION OF THE EXISTING GM SITE PHASE 1
282 Ontario Street, St. Catharines, ON

The plans for the above referenced project have been reviewed and when you have complied with the following conditions, we will complete the processing of your application. In accordance with Section Eight of the Ontario Building Code Act S.O. 1992, c.23, construction must not commence until a building permit has been issued.

A. Make note that Fire Services will require a copy of the 'Site Specific Health & Safety Plan' and a Fire Access Route drawing for their review and comments. In other words a 3rd Binder and similar package as the ones submitted to our office on March 10, 2016.

B. If any demo work is to take place right up against the city sidewalk (i.e. those areas where a building butts up against the Ontario Street sidewalk), money will be taken to cover potential damage to that sidewalk.

C. The owner must submit a TV record of the municipal sewer that crosses the property to confirm the existing condition. This must be completed prior to the demolition permit being issued for this property.

D. A fully completed 'Commitment to General Reviews by Architects and Engineers' form must be returned to this office.

When the permit is issued, it will be issued subject to the following conditions. However, on-site inspections may reveal deficiencies not covered in this letter or the approved plans which must be brought into compliance with the requirements of the Ontario Building Code. Your certified drawings and building permit will be forwarded under separate cover unless we were initially instructed to hold the permit and drawings for pick up at our office.

1. The applicant must provide protection to the travelling public by carrying out the provisions of the Occupational Health & Safety Act and Regulation For Construction Projects applicable to the work or buildings operations carried on by the applicant and the said premises.

2. In accordance with the requirements of the Occupational Health and Safety Act, the Contractor must complete an approved notification form and file it with the Ministry of Labour offices located at 301 St. Paul Street, 8th Floor, St. Catharines, Ontario, L2R 7R4, telephone 905-704-3994, and must obtain any necessary approvals prior to commencing any work at the project.

3. Sign permits must be obtained for any new signs.

4. The Engineer T. Kalenda, P. Eng. is responsible for the general review of all demolition procedures during demolition and must make periodic visits to the site to afford examination of the demolition and must submit, to the Building Section, a final report at the completion of demolition.

5. All plumbing must conform to O.Reg.332/12, Div. B Part 7 of the Building Code.

6. All plumbing work must be performed by licensed journeyman plumbers working under the supervision of a Master Plumber licensed by the City of St. Catharines.

7. If any additional connections are found to the municipal sewer and/or watermain, they must be staked at the property line and reported to the appropriate municipal Water or Sewer Foreman for decommissioning.

8. The contractor must ensure that municipal sewers located within this property are protected and not damaged during demolition.

9. Where applicable removal of Hazardous Building Materials and additional testing is to be provided as per *Ontario Environmental and Safety Network Ltd.*

10. Reports regarding the removal of Hazardous Building Materials and additional testing as may be undertaken are to be provided to the Building Section.

11. Where applicable the removal of out of service storage tanks, including all associated piping containing or which may have contained flammable and combustible liquids, shall be in accordance with Subsection 4.3.17. of the 2007 Ontario Fire Code and all applicable T.S.S.A. regulations.

12. Make note that if any demolition excavation occurs within the angle of repose for the footings of the neighboring buildings a report signed and stamped by a Professional Engineer must be submitted to the Building Section for review and comment prior to this phase of work commencing.

13. All requirements of Part 8 in the Ontario Fire Code related to demolition must be complied with at all times.

14. Access routes shall be maintained clear at all times so as that they are usable in the case of an emergency.

15. "Site Specific H&S Plan" has been recieved which addresses Emergency Response. The Site Specific H&S Plan shall be followed in the event of an emergency.

16. Further comments may be required arising from any changes to the certified drawings and/or as a result of on - site inspections.

The foregoing requirements are in accordance with the present regulations of the City of St. Catharines and the Ontario Building Code. It is understood that if no reply is received in writing by the undersigned, except as specifically indicated herein, then you acknowledge and agree with the foregoing conditions. Should you wish any further information in this regard, please do not hesitate to contact the undersigned at extension 1622.

Yours truly,

Sam B. Carrera, Dipl.T. (Arch), M.A.A.T.O., CBCO, CRBO
Building Plans Examiner

c.c. S.B. Carrera (2)
16 104464IL

"A" Applications/Permits

16 104464 IL - 282 Ontario Street

OWNER COMMITMENT TO HAVE GENERAL REVIEW UNDERTAKEN BY ARCHITECTS AND/OR PROFESSIONAL ENGINEERS

RECEIVED MAR 22 2016 BUILDING SECTION

PART A – TO BE COMPLETED BY OWNER

Project Description: 282 ONTARIO ST. (MAIN BUILDING) PHASE 1

Permit Application No

Address of Project: 282 ONTARIO ST.

Municipality: ST. CATHARINES

WHEREAS the Building Code Act prohibits the construction or demolition of a building if a permit authorizing the construction or demolition has not been issued, and

WHEREAS the Building Code requires that the construction or demolition of the project indicated have general review undertaken by architects and/or professional engineers that are licensed to practice in Ontario, and

WHEREAS general review shall not commence until a permit is issued.

NOW THEREFORE the Owner, who intends to construct or demolish or have the project indicated constructed or demolished, hereby confirms that:

1. The undersigned architect(s) and/or professional engineer(s) have been retained to undertake general review of the construction or demolition of the project indicated to determine whether construction or demolition of the project indicated is in general conformity with the plans and other documents that form the basis for the issuance of a permit, with general review undertaken in accordance with the performance standards of the Ontario Association of Architects (OAA) and/or Professional Engineers Ontario (PEO);
2. All general review reports by the architect(s) and/or professional engineer(s) will be forwarded promptly to the Chief Building Official;
3. Should any retained architect or professional engineer cease to provide general review for any reason during construction or demolition, the Chief Building Official will be notified in writing immediately, and another architect or professional engineer will be retained so that general review continues without interruption;
4. Construction or demolition of the project indicated will only be undertaken if architect(s) and/or professional engineer(s) are retained to undertake general review and a permit authorizing the construction or demolition has been issued; and
5. The architect(s) and/or professional engineer(s) listed below will be notified in writing of the start date of the construction or demolition of the project indicated and that no construction or demolition will commence before the start date given in the notification.

The undersigned hereby certifies that he or she has read and agrees to the above.

Owner's Company Name:	First and Last Name:	Signature:	Date:
2390541 ONTARIO INC.	ROBERT MEGNA		
Owner's Address:	**Telephone:**	**Fax:**	**Email:**
282 ONTARIO ST.	905-228-1712		robert@bayshoregroupe.com

Company name of the coordinator of the work of all architects and professional engineers: 2390541 ONTARIO INC.

First and Last Name: JAMES DI BENEDETTO

Address:	Telephone:	Fax:	Email:
282 ONTARIO ST.	[redacted]		jimmy@bayshoregroups.com

PART B – TO BE COMPLETED BY ARCHITECTS AND PROFESSIONAL ENGINEERS

The undersigned architect(s) and/or professional engineer(s) hereby declare that they are licensed to practice in Ontario and have been retained to undertake general review of the parts of construction or demolition of the project indicated to determine whether the construction or demolition is in general conformity with the plans and other documents that form the basis for the issuance of a permit, with general review completed in accordance with the performance standards of the OAA and/or PEO.

ARCHITECTURAL **STRUCTURAL** **MECHANICAL** **ELECTRICAL** **SITE SERVICES** **OTHER:** _____

Company Name:	First and Last Name:	Signature:	Date:
KGM ENGINEERING	Tamas Kalenda P.Eng.		
Address:	**Telephone:**	**Fax:**	**Email:**
3 Cross St. Welland ON	[redacted]		tkalenda@kmgengineering.ca

ARCHITECTURAL **STRUCTURAL** **MECHANICAL** **ELECTRICAL** **SITE SERVICES** **OTHER:** _____

Company Name:	First and Last Name:	Signature:	Date:
Address:	**Telephone:**	**Fax**	**Email:**

ARCHITECTURAL **STRUCTURAL** **MECHANICAL** **ELECTRICAL** **SITE SERVICES** **OTHER:** _____

Company Name:	First and Last Name:	Signature:	Date:
Address:	**Telephone:**	**Fax:**	**Email:**

ARCHITECTURAL **STRUCTURAL** **MECHANICAL** **ELECTRICAL** **SITE SERVICES** **OTHER:** _____

Company Name:	First and Last Name:	Signature:	Date:
Address:	**Telephone:**	**Fax:**	**Email:**

Carrera, Sam

From: Carrera, Sam
Sent: Monday, March 21, 2016 11:32 AM
To: 'James Di Benedetto'
Subject: Demo Permit 282 Ontario St.

Good Morning James,

Make note that Fire Services will require a copy of the 'Site Specific Health & Safety Plan' and a Fire Access Route drawing for their review and comments. In other words a 3rd Binder and similar package as the ones submitted to our office on March 10, 2016.

Also make note that a fully completed Commitment To Review Form is required to be submitted to Building Services.
If you have any questions you may call the undersigned.

Regards

City of St. Catharines
stcatharines.ca

DEMOLITION PERMIT CHECKLIST

AMANDA FOLDER INFORMATION	16 104464 IL
ADDRESS / LOCATION:	282 ONTARIO STREET
GROUP: **BSP**	
TYPE:	IL
SUB-TYPE:	MANUFACTURING PLANT
WORK PROPOSED:	DEMOLITION
DESCRIPTION:	DEMOLISH MAIN BUILDING - PHASE 1 (UNIT #8 & #12) (+/- 221,000 sf)
NUMBER OF EXISTING DWELLING UNITS:	Ø
NUMBER OF DWELLING UNITS TO BE DEMOLISHED / LOST:	Ø
STATS CANADA BUILDING AREA SQ.FT / M:	0
NEW GROUSS FLOOR AREA:	0

PERMIT TIME:			10
EAST BUILDING (Commercial / Residential):	(Y)	N	$212.00
D & D Review Required?	(Y)	N	
Fire Review Required?	(Y)	N	
Plumbing Review Required?	(Y)	N	
Sidewalk Deposit Review Required?	(Y)	N	$8,885.60
HVAC Review Required?	(Y)	N	
Decommission Water Service?	(X)	(N)	$ N/A
Decommission Sanitary Service?	(Y)	N	$ 1000.00
Decommission Storm Service?	(Y)	N	$ TBD
Inspect Existing Sanitary Service?	(Y)	N	$ 1000.00

BUILDING CHECK

Inspector: A.P

APPROVAL	REQ'D	REC'D	APPROVAL	REQ'D	REC'D
Heritage Act	Y (N)		Tenant Protection Act (5 or more units)	Y (N)	
Non-Designated Heritage Property	Y (N)		Utility Form	(Y) N	✓
Niagara Escarpment Commission	Y (N)		Water / Lateral Services Declaration Form	(Y) N	✓
Engineer Review	(Y) N	SEE PLANS REPORT	Zoning – ALL Accessory Structures must be demolished along with main dwelling	(Y) (N)	

AGENCIES NOTIFIED

Clerk: _____

APPROVAL	REQ'D	REC'D	APPROVAL	REQ'D	REC'D
Ministry of Labour	Y N		City Utilities	Y N	

Remarks: SITE SIDEWALK DAMAGE DEPOSIT FEE? SEE $16 104041 SK
SITE D & D FEES
1 BINDER SENT TO FIRE MARCH 22/16

DATE: APPROVED:

g:\tes-forms\demolitionpermitchklst-Jan2010.doc

Application for a Permit to Construct or Demolish

This form is authorized under subsection 8(1.1) of the Building Code Act.

For use by Principal Authority	
Application number:	Permit number (if different): 16 104464 IL
Date received: MARCH 10, 2016	Roll number:

Application submitted to: CITY OF ST CATHARINES
(Name of municipality, upper-tier municipality, board of health or conservation authority)

A. Project information

Building number, street name	Unit number	Lot/con.
282 ONTARIO ST. (MAIN BUILDING) PHASE 1	N/A	N/A

Municipality	Postal code	Plan number/other description
ST. CATHARINES	L2R 0B4	N/A

Project value est. $	Area of work (m^2)
1,500,000.00	+/- 221,000 sq. ft

B. Purpose of application

☐ New construction ☐ Addition to an existing building ☐ Alteration/repair ☑ Demolition ☐ Conditional Permit

Proposed use of building	Current use of building
VACANT	INDUSTRIAL BUILDINGS

Description of proposed work
ABATEMENT AND DEMOLITION OF THE EXISTING GM SITE

C. Applicant — Applicant is: ☐ Owner or ☑ Authorized agent of owner

Last name	First name	Corporation or partnership
DI BENEDETTO	JAMES	2390541 ONTARIO INC.

Street address	Unit number	Lot/con.
282 ONTARIO ST.		

Municipality	Postal code	Province	E-mail
ST. CATHARINES	L2R 0B4	ONTARIO	jimmy@bayshoregroups.com

Telephone number	Fax	Cell number
( ) 905-228-1712 EXT # 7120	( ) N/A	([redacted]

D. Owner (if different from applicant)

Last name	First name	Corporation or partnership
MEGNA	ROBERT	2390541 ONTARIO INC.

Street address	Unit number	Lot/con.
282 ONTARIO ST.	N/A	N/A

Municipality	Postal code	Province	E-mail
ST. CAHARINES	L2R 0B4	ONTARIO	info@bayshoregroup.com

Telephone number	Fax	Cell number
( ) 905-228-1712	( ) N/A	( ) N/A

E. Builder (optional)

Last name	First name	Corporation or partnership (if applicable)	
N/A	N/A	N/A	
Street address		Unit number	Lot/con.
N/A		N/A	N/A
Municipality	Postal code	Province	E-mail
N/A	N/A	N/A	N/A
Telephone number	Fax	Cell number	
( ) N/A	( ) N/A	( ) N/A	

F. Tarion Warranty Corporation (Ontario New Home Warranty Program)

i. Is proposed construction for a new home as defined in the *Ontario New Home Warranties Plan Act*? If no, go to section G.	☐ Yes	☐ No
ii. Is registration required under the *Ontario New Home Warranties Plan Act*?	☐ Yes	☐ No

iii. If yes to (ii) provide registration number(s): N/A

G. Required Schedules

i) Attach Schedule 1 for each individual who reviews and takes responsibility for design activities.

ii) Attach Schedule 2 where application is to construct on-site, install or repair a sewage system.

H. Completeness and compliance with applicable law

i) This application meets all the requirements of clauses 1.3.1.3 (5) (a) to (d) of Division C of the Building Code (the application is made in the correct form and by the owner or authorized agent, all applicable fields have been completed on the application and required schedules, and all required schedules are submitted).	☐ Yes	☐ No
Payment has been made of all fees that are required, under the applicable by-law, resolution or regulation made under clause 7(1)(c) of the *Building Code Act, 1992*, to be paid when the application is made.	☐ Yes	☐ No
ii) This application is accompanied by the plans and specifications prescribed by the applicable by-law, resolution or regulation made under clause 7(1)(b) of the *Building Code Act, 1992*.	☐ Yes	☐ No
iii) This application is accompanied by the information and documents prescribed by the applicable by-law, resolution or regulation made under clause 7(1)(b) of the *Building Code Act, 1992* which enable the chief building official to determine whether the proposed building, construction or demolition will contravene any applicable law.	☐ Yes	☐ No
iv) The proposed building, construction or demolition will not contravene any applicable law.	☐ Yes	☐ No

I. Declaration of applicant

I ROBERT MEGNA (print name) declare that:

1. The information contained in this application, attached schedules, attached plans and specifications, and other attached documentation is true to the best of my knowledge.
2. If the owner is a corporation or partnership, I have the authority to bind the corporation or partnership.

Date

Signature of applicant

Personal information contained in this form and schedules is collected under the authority of subsection 8(1.1) of the *Building Code Act, 1992*, and will be used in the administration and enforcement of the *Building Code Act, 1992*. Questions about the collection of personal information may be addressed to: a) the Chief Building Official of the municipality or upper-tier municipality to which this application is being made, or, b) the inspector having the powers and duties of a chief building official in relation to sewage systems or plumbing for an upper-tier municipality, board of health or conservation authority to whom this application is made, or, c) Director, Building and Development Branch, Ministry of Municipal Affairs and Housing 777 Bay St., 2nd Floor, Toronto, M5G 2E5 (416) 585-6666.

Schedule 1: Designer Information

Use one form for each individual who reviews and takes responsibility for design activities with respect to the project.

A. Project Information

Building number, street name			Unit no.	Lot/con.
282 ONTARIO ST (MAIN BUILDING)			N/A	N/A
Municipality	**Postal code**	**Plan number/ other description**		
ST CATHARINES	L2R 0B4	N/A		

B. Individual who reviews and takes responsibility for design activities

Name		Firm		
Tamas Kalenda P.Eng.		KGM ENGINEERING		
Street address			**Unit no.**	**Lot/con.**
3 Cross St.			306	N/A
Municipality	**Postal code**	**Province**	**E-mail**	
Welland	L3B 5X6	Ontario	tkalenda@kmgengineering.ca	
Telephone number	**Fax number**		**Cell number**	
(289-820-5433	( ) N/A		[redacted]	

C. Design activities undertaken by individual identified in Section B. [Building Code Table 3.5.2.1. of Division C]

☐ House	☐ HVAC – House	☐ Building Structural
☐ Small Buildings	☐ Building Services	☐ Plumbing – House
☐ Large Buildings	☐ Detection, Lighting and Power	☐ Plumbing – All Buildings
☐ Complex Buildings	☐ Fire Protection	☐ On-site Sewage Systems

Description of designer's work

General Demolition Procedure for former GM Plant Ontario Street, St Catharines, ON

D. Declaration of Designer

I _____ declare that (choose one as appropriate):

(print name)

☐ I review and take responsibility for the design work on behalf of a firm registered under subsection 3.2.4.of Division C, of the Building Code. I am qualified, and the firm is registered, in the appropriate classes/categories.

Individual BCIN: _____

Firm BCIN: _____

☐ I review and take responsibility for the design and am qualified in the appropriate category as an "other designer" under subsection 3.2.5.of Division C, of the Building Code.

Individual BCIN: _____

Basis for exemption from registration: _____

☐ The design work is exempt from the registration and qualification requirements of the Building Code.

Basis for exemption from registration and qualification: N/A

I certify that:

1. The information contained in this schedule is true to the best of my knowledge.
2. I have submitted this application with the knowledge and consent of the firm.

_____ _____

Date Signature of Designer

NOTE:

1. For the purposes of this form, "individual" means the "person" referred to in Clause 3.2.4.7(1) d).of Division C, Article 3.2.5.1. of Division C, and all other persons who are exempt from qualification under Subsections 3.2.4. and 3.2.5. of Division C.
2. Schedule 1 is not required to be completed by a holder of a license, temporary license, or a certificate of authorization, issued by the Ontario Association of Architects. Schedule 1 is also not required to be completed by a holder of a license to practise, a limited license to practise, or a certificate of authorization, issued by the Association of Professional Engineers of Ontario.

Schedule 2: Sewage System Installer Information

A. Project Information

Building number, street name		Unit number	Lot/con.
282 ONTARIO ST (MAIN BUILDING)		N/A	N/A
Municipality	**Postal code**	**Plan number/ other description**	
ST CATHARINES	L2R 0B4	N/A	

B. Sewage system installer

Is the installer of the sewage system engaged in the business of constructing on-site, installing, repairing, servicing, cleaning or emptying sewage systems, in accordance with Building Code Article 3.3.1.1, Division C?

☐ Yes (Continue to Section C) ☐ No (Continue to Section E) ☐ Installer unknown at time of application (Continue to Section E)

C. Registered installer information (where answer to B is "Yes")

Name			BCIN	
N/A				
Street address			**Unit number**	**Lot/con.**
Municipality	**Postal code**	**Province**	**E-mail**	
Telephone number ( )	**Fax** ( )		**Cell number** ( )	

D. Qualified supervisor information (where answer to section B is "Yes")

Name of qualified supervisor(s)	Building Code Identification Number (BCIN)
N/A	N/A

E. Declaration of Applicant:

I N/A declare that:
(print name)

☐ I am the applicant for the permit to construct the sewage system. If the installer is unknown at time of application, I shall submit a new Schedule 2 prior to construction when the installer is known;

OR

☐ I am the holder of the permit to construct the sewage system, and am submitting a new Schedule 2, now that the installer is known.

I certify that:

1. The information contained in this schedule is true to the best of my knowledge.
2. If the owner is a corporation or partnership, I have the authority to bind the corporation or partnership.

Date Signature of applicant

THE CORPORATION OF THE
CITY OF ST. CATHARINES

www.stcatharines.ca

PO Box 3012, 50 Church Street
St. Catharines, ON L2R 7C2
Tel : 905.688.5600 | Fax: 905.688-5873
TTY: 905.688.4TTY (4889)

Building and Development

Building Permit Application – Supplemental Information

(MUST BE SUBMITTED WITH THE 'APPLICATION TO CONSTRUCT OR DEMOLISH')

A. Project Information

Building number, street name	Unit Number	Lot / Con
282 ONTARIO ST. (MAIN BUILDING)	N/A	N/A

Municipality	Postal Code	Plan number / other description
ST. CATHARINES	L2R 0B4	N/A

B. Master Plumber ☐ Plumbing Contractor ☐

Last name	First name	Corporation or partnership
N/A		

Street Address	Unit Number	

Municipality	Postal Code	Province	email

Telephone Number	Fax Number	Cell Number

C. HVAC Installer

Last name	First name	Corporation or partnership
N/A		

Street Address	Unit Number	

Municipality	Postal Code	Province	email

Telephone Number	Fax Number	Cell Number

D. Tenant Information

Last name	First name	Corporation or partnership
N/A		

Street Address	Unit Number	

Municipality	Postal Code	Province	email

Telephone Number	Fax Number	Cell Number

THE CORPORATION OF THE
CITY OF ST. CATHARINES

www.stcatharines.ca

PO Box 3012, 50 Church Street
St. Catharines, ON L2R 7C2
Tel : 905.688.5600 | Fax: 905.688-5873
TTY: 905.688.4TTY (4889)

PLANNING AND DEVELOPMENT SERVICES
Building and Development
Building Permit Application – Supplemental Information
(MUST BE SUBMITTED WITH THE 'APPLICATION TO CONSTRUCT OR DEMOLISH')

E. FEE INFORMATION		**UNIT COST**	**NO UNITS**	**COST OF WORK**
BUILDING INFORMATION				
CONSTRUCT	Gross Floor Area to be Constructed (SqFt)			
	Building Area to be Constructed (SqFt)			
	Number of Existing Dwelling Units			
	Number of New Dwelling Units			
BUILDING INFORMATION				
DEMOLISH	Gross Floor Area to be Demolished (SqFt)		527,395	$1,500,000
	Building Area to be Demolished (SqFt)		527,395	$1,500,000
	Number of Stories to be Demolished		1,2 &3	$1,500,000
	Number of Dwelling Units to be Demolished		NONE	
PLUMBING ONLY				
SITE SERVICING (new service)	D&D Review Required ☐ Yes ☐ No			
	Linear feet of D.S.W. 4 " or less	$0.46		
	Linear meters of D.S.W. 100mm or less	$1.51		
	Linear feet of D.S.W. over 4 "	$0.73		
	Linear meters of D.S.W. over 100mm	$2.40		
	# of Manholes, Catchbasins, Firehydrants	$33.00		
PLUMBING	☐ RESIDENTIAL ☐ NON-RESIDENTIAL			
Replacement of :	D&D Review Required ☐ Yes ☐ No			
Sanitary Sewer ☐	Linear feet of D.S.W. 4 " or less	$0.46		
Storm Sewer ☐	Linear meters of D.S.W. 100mm or less	$1.51		
Building Drain &/or ☐	Linear feet of D.S.W. over 4 "	$0.73		
Water Service ☐	Linear meters of D.S.W. over 100mm	$2.40		
	# of Manholes, Catchbasins, Firehydrants	$33.00		
All Other Plumbing	Linear feet of D.S.W. 4" or less	$0.46		
(new , altered or replaced)	Linear meters of D.S.W. 100mm or less	$1.61		
	# of Fixtures	$13.20 / fixture		
Backflow Prevention	# of Testable Devices	$13.20 / device		
CAP Application		$150 flat rate		
Septic Tank Changeover		$110 flat rate		
Minimum Permit Fee		$110 flat rate		
HVAC Only		$190 per unit		

BUILDING PERMIT PICK-UP AUTHORIZATION

PERMIT NO / PROJECT FILE NO: 16 104464 IL

ADDRESS OF PERMIT / PROJECT: 282 Ontario Street

NAME OF PERSON DESIGNATED TO PICK-UP: JASON KELHICHIAN
(PLEASE PRINT)

SIGNATURE: 

PICK-UP DATE: Jan 6th 2016

Date Prepared: April 6, 2016

Initials: ad

G:\ PBS - Forms \ PermitPick-upAuth

"A" Applications/Permits 16 104464 IL – 282 Ontario Street

CITY OF ST CATHARINES
PLANNING AND DEVELOPMENT SERVICES
BUILDING SECTION

DEMOLITION PERMIT APPLICATION – SERVICES DECLARATION

This form **must** be completed with all applications.

Date: MARCH 10, 2016 **Project No:** 16 104464 IL

Address: 282 ONTARIO STREET (PHASE 1)

1. a) Do you have a **water line**? ☑ Yes ☐ No (ALREADY COMPLETE)

   b) **If yes, do you wish to:**

   REMOVE the water service at watermain? (work order required – fees to be paid at time of application) ☐ (See Note 7)

   REUSE the water service at the property line? (no work order required – no fees required) ☐

2. Do you have a **water meter** to be removed? (work order required – fees invoiced after work completed) ☐ Yes (See Note 6) ☐ No N/A

3. a) Do you have a **sanitary sewer line**? ☑ Yes ☐ No

   b) **If yes, do you wish to:**

   REMOVE the existing sanitary sewer lateral at the property line? (work order required – fees to be paid at time of application) ☐ (See Note 7)

   REUSE the existing sanitary sewer lateral at the property line? (no work order required – no fees required) ☑ (See Note 5)

4. a) Do you have a **storm sewer line**? ☐ Yes ☑ No

   b) **If yes, do you wish to:**

   REMOVE the existing storm sewer lateral at the property line? (work order required – fees to be paid at time of application) ☐ (See Note 7)

   REUSE the existing storm sewer lateral at the property line? (no work order required – no fees required) ☐

5. If the applicant wishes to reuse the existing sewer lateral, a TV camera sewer lateral inspection, as per 'Schedule of Rates and Fees', applies. The applicant is responsible to contact the Sewer Foreman at 905-688-5601, Extension 2222 and arrange a time and date to complete the lateral inspection.
   Please note – The lateral shall be accessible at time of inspection. **No further building permits can be issued for this property until the inspection is complete.**

6. There will be a charge to turn the water off as per 'Schedule of Rates and Fees'. The fee will be charged by the Water Billing Department upon removal of water meter.

7. The following only applies for the removal of the water service and/or sewer laterals:
   - Fees for the removal of existing services will be as per "Schedule of Rates and Fees". Applicant is advised to review Schedule of Rates and Fees.
   - The water services will be removed at the source watermain in the road and will not be re-useable.
   - The sewer services will be capped at the property line and will not be re-useable.

Date of Demolition: APRIL 1 2016

Contact Name (Print): JAMES D. BENEDETTO

Contact Telephone Number: [redacted]

I HAVE BEEN ADVISED THAT IT IS THE OWNER'S RESPONSIBILITY TO CONTACT FINANCIAL MANAGEMENT SERVICES @ EXT. 1456 TO DETERMINE IF THERE ARE ANY PROPERTY TAX IMPLICATIONS.

Signature of Applicant

Note:
Separate work orders are required for items 1 – 4 above.
For all work orders raised in conjunction with a permit application, a copy of this application must be faxed to LSSC.

- Forward to Sewer Foreman.
- Attach a copy of building receipt.
- Provide copy to applicant

g:\pds-forms\demolition permit application-services declaration-apr2012.docm

Date: MARCH 10, 2016

Planning and Building Services
Building Section

Re: Utility Clearance for Demolition Permit

I, JAMES A. BONACCETO, applicant for a ***Permit to Demolish***

Project File No. _____

Address: 282 ONTARIO STREET

have notified the following utilities:

1. **St. Catharines Hydro Inc** **905-684-8683, extension 301**
2. **Enbridge Gas** **905-685-4841**
3. **Bell Canada** **1-800-400-2255**
4. **Cogeco Cable** **905-374-2196, extension 320**

I understand City staff will attend to the property concerning **water and sewer services**, and notices pursuant to the **Ontario Heritage Act** and **Ministry of Labour**

Signature of Applicant

PBS-Forms \ UtilClearance
April 2015

CITY OF ST. CATHARINES

PLANNING AND BUILDING SERVICES DEPARTMENT

CITY HALL
50 CHURCH STREET
P.O. BOX 3012
ST. CATHARINES, ONTARIO L2R 7C2

TEL. (905)-688-5601. EXT. 1660
FAX. (905)-688-5873

PERMIT

PERMISSION IS HEREBY GRANTED TO OWNER OF LAND TO:

Work Proposed: Demolish Manufacturing Plants
Abatement and Demolition of the Existing GM site Phase 1

Project #: 16 104464 IL
Industrial

Property Roll Number:2629040032001000000

Application Date: March 10, 2016

Site Address: 282 Ontario Street Unit 0000 St. Catharines L2R 0B4

Issued: April 06, 2016

Legal Description: Part Rd Allowance Btn Lots 20 & 21, Concession 5 (closed by by-law 5174); Part L

Applicant: 2390541 Ontario Inc
282 Ontario Street St. Catharines ON ON L2R 0B4
Work: (905) 228-1712 Cellular: (905) [redacted]

Owner: 2390541 Ontario Inc
282 Ontario Street St. Catharines ON ON L2R 0B4
Work: (905) 228-1712 Cellular: (905)

Payee: 2390541 Ontario Inc
282 Ontario Street St. Catharines ON ON L2R 0B4
Work: (905) 228-1712 Cellular: (905)

On the said premise in accordance with plans and/or documents submitted to the Chief Building Official and subjected to the conditions in our letter dated:

Demolition Inspection

IMPORTANT

THE OWNER, CONTRACTOR OR AUTHORIZED AGENT OF THE OWNER SHALL NOTIFY THE BUILDING SECTION AT LEAST 48 HOURS IN ADVANCE OF THE ABOVE NOTED INSPECTIONS. PLEASE QUOTE YOUR PROJECT NUMBER.

CALL 688-5601 Ext 1660 (TTY: 905-688-4889)

THE APPROVED PERMIT DRAWINGS MUST BE KEPT ON THE CONSTRUCTION SITE AND MADE AVAILABLE TO THE INSPECTOR. COVERING WORK PRIOR TO INSPECTION MAY RESULT IN DELAYS AND REMOVAL OF FINISHES

1. All work must be completed in accordance with plans and/or documents submitted to the Chief Building Official and/or authorized changes by the Chief Building Official.
2. This permit will be revoked after six months if the work described has not been seriously commenced or if the work is substantially suspended or discontinued for a period of time.
3. This permit is granted on the express condition that the said work in all respects conforms to the provisions of the Ontario Building Code and any other relevant by-laws of the City of St. Catharines.
4. Permission must be obtained from the City Engineer and/or the Regional Engineer to occupy the road allowance (the street, the boulevard and sidewalk) or effect changes to same.
5. The project is subject to the requirements of the Occupational Health and Safety Act.
6. The owner, contractor, or authorized agent shall be responsible for verifying that the proposed work will not interfere with public services including gas, hydro, sewer, water, telephone and cable television.
7. Any future use of the property after demolition shall be in accordance with the Zoning By-laws and Site Plan Control By-law.

Date Signed: Apr 06, 2016

Authorized Signature: [signature]
Chief Building Official

CITY OF ST. CATHARINES
T.E.S. DEPARTMENT-BUILDING SECTION
CERTIFIED DRAWINGS
SUBMITTED FOR
CONSTRUCTION UNDER
PROJECT No. 16 104464 IL
THESE DRAWINGS MUST BE AVAILABLE ON THE
SITE UNTIL COMPLETION OF CONSTRUCTION
DATE Apr. 6/16
MANAGER OF
BUILDING & DEVELOPMENT

BUILDING PERMIT IS ISSUED SUBJECT TO THE CONDITIONS OUTLINED IN THE ATTAGHED LETTER OF APPROVAL DATED

Apr. 6/16

PROJECT NO: 16 104464 IL PHASE 1
LOCATION: 282 ONTARIO ST.
APPLICANT: 2390541 ONTARIO INC.

RECEIVED
MAR 10 2016
BUILDING SECTION

OFFICE COPY

St. Catharines

May 9, 2016

2390541 Ontario Inc.
C/O Bayshore Groups Attn: Chiara J Megna
282 Ontario Street
St. Catharines ON L2R 0B4

Dear Sir / Madam:

Re: Project No: 16 104465 IL
PHASE 2 - ABATEMENT AND DEMOLITION OF THE EXISTING GM SITE
282 Ontario Street, St. Catharines, ON

The plans for the above referenced project have been reviewed and when you have complied with the following conditions, we will complete the processing of your application. In accordance with Section Eight of the Ontario Building Code Act S.O. 1992, c.23, construction must not commence until a building permit has been issued.

A. Make note that Fire Services will require a copy of the 'Site Specific Health & Safety Plan' and a Fire Access Route drawing for their review and comments. In other words a 3rd Binder and similar package as the ones submitted to our office on March 10, 2016.

B. If any demo work is to take place right up against the city sidewalk (i.e. those areas where a building butts up against the Ontario Street sidewalk), money will be taken to cover potential damage to that sidewalk.

C. The owner must submit a TV record of the municipal sewer that crosses the property to confirm the existing condition. This must be completed prior to the demotion permit being issued for this property.

D. A fully completed 'Commitment to General Reviews by Architects and Engineers' form must be returned to this office.

When the permit is issued, it will be issued subject to the following conditions. However, on-site inspections may reveal deficiencies not covered in this letter or the approved plans which must be brought into compliance with the requirements of the Ontario Building Code. Your certified drawings and building permit will be forwarded under separate cover unless we were initially instructed to hold the permit and drawings for pick up at our office.

1. The applicant must provide protection to the travelling public by carrying out the provisions of the Occupational Health & Safety Act and Regulation For Construction Projects applicable to the work or buildings operations carried on by the applicant and the said premises.

2. In accordance with the requirements of the Occupational Health and Safety Act, the Contractor must complete an approved notification form and file it with the Ministry of Labour offices located at 301 St. Paul Street, 8th Floor, St. Catharines, Ontario, L2R 7R4, telephone 905-704-3994, and must obtain any necessary approvals prior to commencing any work at the project.

3. Sign permits must be obtained for any new signs.

4. The Engineer T. Kalenda, P. Eng. is responsible for the general review of all demolition procedures during demolition and must make periodic visits to the site to afford examination of the demolition and must submit, to the Building Section, a final report at the completion of demolition.

5. All plumbing must conform to O.Reg.332/12, Div. B Part 7 of the Building Code.

6. All plumbing work must be performed by licensed journeyman plumbers working under the supervision of a Master Plumber licensed by the City of St. Catharines.

7. If any additional connections are found to the municipal sewer and/or watermain, they must be staked at the property line and reported to the appropriate municipal Water or Sewer Foreman for decommissioning.

8. The contractor must ensure that municipal sewers located within this property are protected and not damaged during demolition.

9. Where applicable removal of Hazardous Building Materials and additional testing is to be provided as per *Ontario Environmental and Safety Network Ltd.*

10. Reports regarding the removal of Hazardous Building Materials and additional testing as may be undertaken are to be provided to the Building Section.

11. Where applicable the removal of out of service storage tanks, including all associated piping containing or which may have contained flammable and combustible liquids, shall be in accordance with Subsection 4.3.17. of the 2007 Ontario Fire Code and all applicable T.S.S.A. regulations.

12. Make note that if any demolition excavation occurs within the angle of repose for the footings of the neighboring buildings a report signed and stamped by a Professional Engineer must be submitted to the Building Section for review and comment prior to this phase of work commencing.

13. All requirements of Part 8 in the Ontario Fire Code related to demolition must be complied with at all times.

14. Access routes shall be maintained clear at all times so as that they are usable in the case of an emergency.

15. "Site Specific H&S Plan" has been received and reviewed which addresses Emergency Response. The site specific H&S plan shall be followed in the event of an emergency.

16. Further comments may be required arising from any changes to the certified drawings and/or as a result of on - site inspections.

The foregoing requirements are in accordance with the present regulations of the City of St. Catharines and the Ontario Building Code. It is understood that if no reply is received in writing by the undersigned, except as specifically indicated herein, then you acknowledge and agree with the foregoing conditions. Should you wish any further information in this regard, please do not hesitate to contact the undersigned at extension 1622.

Yours truly,

Sam B. Carrera, Dipl.T. (Arch), M.A.A.T.O., CBCO, CRBO
Building Plans Examiner

c.c. S.B. Carrera (2)
16 104465IL

"B" Applications/Permits/Documents 16 104465 IL - 282 Ontario St

City of St. Catharines

DEMOLITION PERMIT CHECKLIST

AMANDA FOLDER INFORMATION
ADDRESS / LOCATION: 282 ONTARIO STREET
GROUP: **BSP**
TYPE: IL
SUB-TYPE: MANUFACTURING PLANT
WORK PROPOSED: DEMOLISH
DESCRIPTION: DEMOLISH MAIN BUILDING - PHASE 2 (UNIT #6, 13, 13.1, 13.2, 16 & 2ND FLOOR AREAS = +/- 349,259 sf)
NUMBER OF EXISTING DWELLING UNITS: 0
NUMBER OF DWELLING UNITS TO BE DEMOLISHED / LOST: 0
STATS CANADA BUILDING AREA SQ.FT / M: **0**
NEW GROSS FLOOR AREA: **0**

PERMIT TIME:			10
EAST BUILDING **Commercial / Residential:**	(Y)	N	$212.00
D & D Review Required?	(Y)	N	
Fire Review Required?	(Y)	N	
Plumbing Review Required?	(Y)	N	
Sidewalk Deposit Review Required?	(Y)	N	REF. 16104041 SV
HVAC Review Required?	(Y)	N	
Decommission Water Service?	~~(Y)~~	(N)	$
Decommission Sanitary Service?	(Y)	N	$ REF: 16104041 SV
Decommission Storm Service?	(Y)	N	$ TBD
Inspect Existing Sanitary Service?	(Y)	~~(N)~~	$ REF: 16104041 SV

BUILDING CHECK

Inspector: A.P

APPROVAL	REQ'D	REC'D	APPROVAL	REQ'D	REC'D
Heritage Act	Y (N)		Tenant Protection Act (5 or more units)	Y (N)	
Non-Designated Heritage Property	Y (N)		Utility Form	(Y) N	✓
Niagara Escarpment Commission	Y (N)		Water / Lateral Services Declaration Form	(Y) N	✓
Engineer Review	(Y) N	SEE P.ENG REPORT	Zoning – ALL Accessory Structures must be demolished along with main dwelling	~~(Y)~~ (N)	

AGENCIES NOTIFIED

Clerk: _____

APPROVAL	REQ'D	REC'D	APPROVAL	REQ'D	REC'D
Ministry of Labour	Y N		City Utilities	Y N	

Remarks:
- ☑ SITE SIDEWALK DAMAGE DEPOSIT } SEE #16 104041 SV
- ☑ SITE D + D FEES
- ☑ DEMO FEES - $212.00
- 1 BINDER SENT TO FIRE MARCH 22/16

DATE: APPROVED:

g:\les-forms\demolitionpermitchklst-Jan2010.doc

Date: MARCH 10, 2016

Planning and Building Services
Building Section

Re: Utility Clearance for Demolition Permit

I, JAMES McBARNETT, applicant for a ***Permit to Demolish***

Project File No. 16 104465 IL

Address: 282 ONTARIO STREET

have notified the following utilities:

1.	**St. Catharines Hydro Inc**	**905-684-8683, extension 301**
2.	**Enbridge Gas**	**905-685-4841**
3.	**Bell Canada**	**1-800-400-2255**
4.	**Cogeco Cable**	**905-374-2196, extension 320**

I understand City staff will attend to the property concerning **water and sewer services**, and notices pursuant to the **Ontario Heritage Act** and **Ministry of Labour**

Signature of Applicant

PBS-Forms \ UtilClearance
April 2015

Application for a Permit to Construct or Demolish

This form is authorized under subsection 8(1.1) of the Building Code Act.

For use by Principal Authority	
Application number:	Permit number (if different): 16 104465 IL
Date received: MARCH 10, 2016	Roll number:

Application submitted to: CITY OF ST CATHARINES
(Name of municipality, upper-tier municipality, board of health or conservation authority)

A. Project information

Building number, street name	Unit number	Lot/con.
282 ONTARIO ST (MAIN BUILDING) PHASE 2	N/A	N/A

Municipality	Postal code	Plan number/other description
ST CATHARINES	L2R 0B4	N/A

Project value est. $	Area of work (m^2)
1,500,000.00	+/- 349,259 sq. ft.

B. Purpose of application

☐ New construction ☐ Addition to an existing building ☐ Alteration/repair ☑ Demolition ☐ Conditional Permit

Proposed use of building	Current use of building
VACANT	INDUSTRIAL BUILDINGS

Description of proposed work
ABATEMENT AND DEMOLITION OF THE EXISTING GM SITE

C. Applicant Applicant is: ☐ Owner or ☑ Authorized agent of owner

Last name	First name	Corporation or partnership
DI BENEDETTO	JAMES	2390541 ONTARIO INC.

Street address	Unit number	Lot/con.
282 ONTARIO ST.		

Municipality	Postal code	Province	E-mail
ST CATHARINES	L2R 0B4	ONTARIO	jimmy@bayshoregroups.com

Telephone number	Fax	Cell number
( ) 905-228-1712 EXT # 7120	( ) N/A	([redacted]

D. Owner (if different from applicant)

Last name	First name	Corporation or partnership
MEGNA	ROBERT	2390541 ONTARIO INC.

Street address	Unit number	Lot/con.
282 ONTARIO ST.	N/A	N/A

Municipality	Postal code	Province	E-mail
ST CAHARINES	L2R 0B4	ONTARIO	info@bayshoregroup.com

Telephone number	Fax	Cell number
( ) [redacted]	( ) N/A	( ) N/A

E. Builder (optional)

Last name	First name	Corporation or partnership (if applicable)	
N/A	N/A	N/A	
Street address		Unit number	Lot/con.
N/A		N/A	N/A
Municipality	Postal code	Province	E-mail
N/A	N/A	N/A	N/A
Telephone number	Fax		Cell number
( ) N/A	( ) N/A		( ) N/A

F. Tarion Warranty Corporation (Ontario New Home Warranty Program)

i. Is proposed construction for a new home as defined in the *Ontario New Home Warranties Plan Act*? If no, go to section G.	☐ Yes	☐ No
ii. Is registration required under the *Ontario New Home Warranties Plan Act*?	☐ Yes	☐ No

iii. If yes to (ii) provide registration number(s): N/A

G. Required Schedules

i) Attach Schedule 1 for each individual who reviews and takes responsibility for design activities.

ii) Attach Schedule 2 where application is to construct on-site, install or repair a sewage system.

H. Completeness and compliance with applicable law

i) This application meets all the requirements of clauses 1.3.1.3 (5) (a) to (d) of Division C of the Building Code (the application is made in the correct form and by the owner or authorized agent, all applicable fields have been completed on the application and required schedules, and all required schedules are submitted).	☐ Yes	☐ No
Payment has been made of all fees that are required, under the applicable by-law, resolution or regulation made under clause 7(1)(c) of the *Building Code Act, 1992*, to be paid when the application is made.	☐ Yes	☐ No
ii) This application is accompanied by the plans and specifications prescribed by the applicable by-law, resolution or regulation made under clause 7(1)(b) of the *Building Code Act, 1992*.	☐ Yes	☐ No
iii) This application is accompanied by the information and documents prescribed by the applicable by-law, resolution or regulation made under clause 7(1)(b) of the *Building Code Act, 1992* which enable the chief building official to determine whether the proposed building, construction or demolition will contravene any applicable law.	☐ Yes	☐ No
iv) The proposed building, construction or demolition will not contravene any applicable law.	☐ Yes	☐ No

I. Declaration of applicant

I ROBERT MEGNA (print name) declare that:

1. The information contained in this application, attached schedules, attached plans and specifications, and other attached documentation is true to the best of my knowledge.
2. If the owner is a corporation or partnership, I have the authority to bind the corporation or partnership.

Date

Signature of applicant

Personal information contained in this form and schedules is collected under the authority of subsection 8(1.1) of the *Building Code Act, 1992*, and will be used in the administration and enforcement of the *Building Code Act, 1992*. Questions about the collection of personal information may be addressed to: a) the Chief Building Official of the municipality or upper-tier municipality to which this application is being made, or, b) the inspector having the powers and duties of a chief building official in relation to sewage systems or plumbing for an upper-tier municipality, board of health or conservation authority to whom this application is made, or, c) Director, Building and Development Branch, Ministry of Municipal Affairs and Housing 777 Bay St., 2nd Floor, Toronto, M5G 2E5 (416) 585-6666.

Schedule 2: Sewage System Installer Information

A. Project Information

Building number, street name		Unit number	Lot/con.
282 ONTARIO ST (MAIN BUILDING) PHASE 2		N/A	N/A
Municipality	**Postal code**	**Plan number/ other description**	
ST CATHARINES	L2R 0B4	N/A	

B. Sewage system installer

Is the installer of the sewage system engaged in the business of constructing on-site, installing, repairing, servicing, cleaning or emptying sewage systems, in accordance with Building Code Article 3.3.1.1, Division C?

☐ Yes (Continue to Section C) ☐ No (Continue to Section E) ☐ Installer unknown at time of application (Continue to Section E)

C. Registered installer information (where answer to B is "Yes")

Name			BCIN	
N/A				
Street address			**Unit number**	**Lot/con.**
Municipality	**Postal code**	**Province**	**E-mail**	
Telephone number ( )	**Fax** ( )		**Cell number** ( )	

D. Qualified supervisor information (where answer to section B is "Yes")

Name of qualified supervisor(s)	Building Code Identification Number (BCIN)
N/A	N/A

E. Declaration of Applicant:

I N/A declare that:
(print name)

☐ I am the applicant for the permit to construct the sewage system. If the installer is unknown at time of application, I shall submit a new Schedule 2 prior to construction when the installer is known;

OR

☐ I am the holder of the permit to construct the sewage system, and am submitting a new Schedule 2, now that the installer is known.

I certify that:

1. The information contained in this schedule is true to the best of my knowledge.
2. If the owner is a corporation or partnership, I have the authority to bind the corporation or partnership.

Date Signature of applicant

Schedule 1: Designer Information

Use one form for each individual who reviews and takes responsibility for design activities with respect to the project.

A. Project Information

Building number, street name			Unit no.	Lot/con.
282 ONTARIO ST (MAIN BUILDING) PHASE 2			N/A	N/A
Municipality	Postal code	Plan number/ other description		
ST CATHARINES	L2R 0B4	N/A		

B. Individual who reviews and takes responsibility for design activities

Name		Firm		
Tamas Kalenda P.Eng.		KGM ENGINEERING		
Street address			Unit no.	Lot/con.
3 Cross St.			306	N/A
Municipality	Postal code	Province	E-mail	
Welland	L3B 5X6	Ontario	tkalenda@kmgengineering.ca	
Telephone number	Fax number		Cell number	
(289-820-5433	( ) N/A		[redacted]	

C. Design activities undertaken by individual identified in Section B. [Building Code Table 3.5.2.1. of Division C]

☐ House	☐ HVAC – House	☐ Building Structural
☐ Small Buildings	☐ Building Services	☐ Plumbing – House
☐ Large Buildings	☐ Detection, Lighting and Power	☐ Plumbing – All Buildings
☐ Complex Buildings	☐ Fire Protection	☐ On-site Sewage Systems

Description of designer's work

General Demolition Procedure for former GM Plant Ontario Street, St Catharines, ON

D. Declaration of Designer

I _____ declare that (choose one as appropriate):
(print name)

☐ I review and take responsibility for the design work on behalf of a firm registered under subsection 3.2.4.of Division C, of the Building Code. I am qualified, and the firm is registered, in the appropriate classes/categories.

Individual BCIN: _____

Firm BCIN: _____

☐ I review and take responsibility for the design and am qualified in the appropriate category as an "other designer" under subsection 3.2.5.of Division C, of the Building Code.

Individual BCIN: _____

Basis for exemption from registration: _____

☐ The design work is exempt from the registration and qualification requirements of the Building Code.

Basis for exemption from registration and qualification: N/A

I certify that:

1. The information contained in this schedule is true to the best of my knowledge.
2. I have submitted this application with the knowledge and consent of the firm.

_____ _____
Date Signature of Designer

NOTE:

1. For the purposes of this form, "individual" means the "person" referred to in Clause 3.2.4.7(1) d).of Division C, Article 3.2.5.1. of Division C, and all other persons who are exempt from qualification under Subsections 3.2.4. and 3.2.5. of Division C.
2. Schedule 1 is not required to be completed by a holder of a license, temporary license, or a certificate of authorization, issued by the Ontario Association of Architects. Schedule 1 is also not required to be completed by a holder of a license to practise, a limited license to practise, or a certificate of authorization, issued by the Association of Professional Engineers of Ontario.

THE CORPORATION OF THE
CITY OF ST. CATHARINES

www.stcatharines.ca

PO Box 3012, 50 Church Street
St. Catharines, ON L2R 7C2
Tel : 905.688.5600 | Fax: 905.688-5873
TTY: 905.688.4TTY (4889)

Building and Development

Building Permit Application – Supplemental Information

(MUST BE SUBMITTED WITH THE 'APPLICATION TO CONSTRUCT OR DEMOLISH')

A. Project Information

Building number, street name		Unit Number	Lot / Con
282 ONTARIO ST. (MAIN BUILDING) PHASE 2		N/A	N/A
Municipality	**Postal Code**	**Plan number / other description**	
ST. CATHARINES	L2R 0B4	N/A	

B. Master Plumber ☐ Plumbing Contractor ☐

Last name	First name	Corporation or partnership	
N/A			
Street Address		**Unit Number**	
Municipality	**Postal Code**	**Province**	**email**
Telephone Number	**Fax Number**	**Cell Number**	

C. HVAC Installer

Last name	First name	Corporation or partnership	
N/A			
Street Address		**Unit Number**	
Municipality	**Postal Code**	**Province**	**email**
Telephone Number	**Fax Number**	**Cell Number**	

D. Tenant Information

Last name	First name	Corporation or partnership	
N/A			
Street Address		**Unit Number**	
Municipality	**Postal Code**	**Province**	**email**
Telephone Number	**Fax Number**	**Cell Number**	

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PLANNING AND DEVELOPMENT SERVICES
Building and Development
Building Permit Application – Supplemental Information
(MUST BE SUBMITTED WITH THE 'APPLICATION TO CONSTRUCT OR DEMOLISH')

B. FEE INFORMATION				
BUILDING INFORMATION				
CONSTRUCT	Gross Floor Area to be Constructed (SqFt)			
	Building Area to be Constructed (SqFt)			
	Number of Existing Dwelling Units			
	Number of New Dwelling Units			
BUILDING INFORMATION				
DEMOLISH	Gross Floor Area to be Demolished (SqFt)		527,395	$1,500,000
	Building Area to be Demolished (SqFt)		527,395	$1,500,000
	Number of Stories to be Demolished		1,2 &3	$1,500,000
	Number of Dwelling Units to be Demolished		NONE	
PLUMBING ONLY				
SITE SERVICING (new service)	D&D Review Required ☐ Yes ☐ No			
	Linear feet of D.S.W. 4 " or less	$0.46		
	Linear meters of D.S.W. 100mm or less	$1.51		
	Linear feet of D.S.W. over 4 "	$0.73		
	Linear meters of D.S.W. over 100mm	$2.40		
	# of Manholes, Catchbasins, Firehydrants	$33.00		
PLUMBING	☐ RESIDENTIAL ☐ NON-RESIDENTIAL			
Replacement of :	D&D Review Required ☐ Yes ☐ No			
Sanitary Sewer ☐	Linear feet of D.S.W. 4 " or less	$0.46		
Storm Sewer ☐	Linear meters of D.S.W. 100mm or less	$1.51		
Building Drain &/or ☐	Linear feet of D.S.W. over 4 "	$0.73		
Water Service ☐	Linear meters of D.S.W. over 100mm	$2.40		
	# of Manholes, Catchbasins, Firehydrants	$33.00		
PLUMBING	Linear feet of D.S.W. 4" or less	$0.46		
(new , altered or replaced)	Linear meters of D.S.W. 100mm or less	$1.61		
	# of Fixtures	$13.20 / fixture		
BACKFLOW PREVENTION	# of Testable Devices	$13.20 / device		
PLAN REVIEW		$150 flat rate		
BACKFLOW COMPLIANCE		$110 flat rate		
BACKFLOW PERMIT FEE		$110 flat rate		
HVAC ONLY		$190 per unit		

CITY OF ST CATHARINES
PLANNING AND DEVELOPMENT SERVICES
BUILDING SECTION

DEMOLITION PERMIT APPLICATION – SERVICES DECLARATION

This form **must** be completed with all applications.

Date: MARCH 10, 2016 **Project No:** 16 104465 IL

Address: 282 ONTARIO STREET (PHASE 2)

1. a) Do you have a **water line?** ☑ Yes ☐ No

   b) **If yes, do you wish to:** (ALREADY COMPLETE)

   REMOVE the water service at watermain? (work order required – fees to be paid at time of application) ☐ **(See Note 7)**

   REUSE the water service at the property line? (no work order required – no fees required) ☐

2. Do you have a **water meter** to be removed? (work order required – fees invoiced after work completed) ☐ **Yes (See Note 6)** ☐ No

3. a) Do you have a **sanitary sewer line?** ☑ Yes ☐ No

   b) **If yes, do you wish to:**

   REMOVE the existing sanitary sewer lateral at the property line? (work order required – fees to be paid at time of application) ☐ **(See Note 7)**

   REUSE the existing sanitary sewer lateral at the property line? (no work order required – no fees required) ☑ **(See Note 5)**

4. a) Do you have a **storm sewer line?** ☐ Yes ☑ No

   b) **If yes, do you wish to:**

   REMOVE the existing storm sewer lateral at the property line? (work order required – fees to be paid at time of application) ☐ **(See Note 7)**

   REUSE the existing storm sewer lateral at the property line? (no work order required – no fees required) ☐

5. If the applicant wishes to reuse the existing sewer lateral, a TV camera sewer lateral inspection, as per 'Schedule of Rates and Fees', applies. The applicant is responsible to contact the Sewer Foreman at 905-688-5601, Extension 2222 and arrange a time and date to complete the lateral inspection.
   Please note – The lateral shall be accessible at time of inspection. **No further building permits can be issued for this property until the inspection is complete.**

6. There will be a charge to turn the water off as per 'Schedule of Rates and Fees'. The fee will be charged by the Water Billing Department upon removal of water meter.

7. The following only applies for the removal of the water service and/or sewer laterals:
   - Fees for the removal of existing services will be as per "Schedule of Rates and Fees". Applicant is advised to review Schedule of Rates and Fees.
   - The water services will be removed at the source watermain in the road and will not be re-useable.
   - The sewer services will be capped at the property line and will not be re-useable.

Date of Demolition: APRIL 1 2016

Contact Name (Print): JAMES D. BOUCHETTE

Contact Telephone Number: [redacted]

I HAVE BEEN ADVISED THAT IT IS THE OWNER'S RESPONSIBILITY TO CONTACT FINANCIAL MANAGEMENT SERVICES @ EXT. 1456 TO DETERMINE IF THERE ARE ANY PROPERTY TAX IMPLICATIONS.

Signature of Applicant

Note:
Separate work orders are required for items 1 – 4 above.
For all work orders raised in conjunction with a permit application, a copy of this application must be faxed to LSSC.

- Forward to Sewer Foreman.
- Attach a copy of building receipt.
- Provide copy to applicant

g:\pds-forms\demolition permit application-services declaration-apr2012.docm

CITY OF ST. CATHARINES
T.E.S. DEPARTMENT-BUILDING SECTION
CERTIFIED DRAWINGS
SUBMITTED FOR
CONSTRUCTION UNDER
PROJECT No. 16 104465 IL
THESE DRAWINGS MUST BE AVAILABLE ON THE
SITE UNTIL COMPLETION OF CONSTRUCTION
DATE May 9/16
MANAGER OF
BUILDING & DEVELOPMENT

BUILDING PERMIT IS ISSUED SUB-
JECT TO THE CONDITIONS OUTLINED
IN THE ATTACHED LETTER OF
APPROVAL DATED

May 9/16

PHASE II
PROJECT NO: 16 104465 IL
LOCATION: 282 ONTARIO ST.
APPLICANT: 2390541 ONTARIO INC.

RECEIVED
MAR 10 2016
BUILDING SECTION

OFFICE COPY

CITY OF ST. CATHARINES

PLANNING AND BUILDING
SERVICES DEPARTMENT

CITY HALL
50 CHURCH STREET
P.O. BOX 3012
ST. CATHARINES, ONTARIO L2R 7C2

TEL. (905)-688-5601. EXT. 1660
FAX. (905)-688-5873

PERMIT

PERMISSION IS HEREBY GRANTED TO OWNER OF LAND TO:

Work Proposed: Demolish — Project #: 16 104465 IL
Manufacturing Plants — Industrial
PHASE 2 - ABATEMENT AND DEMOLITION OF THE FORMER GM SITE
Property Roll Number:262904003200100000 — Application Date: March 10, 2016
Site Address: 282 Ontario Street Unit 0000 St. Catharines L2R 0B4 — Issued: May 09, 2016
Legal Description: Part Rd Allowance Btn Lots 20 & 21, Concession 5 (closed by by-law 5174); Part L

Applicant: 2390541 Ontario Inc 282 Ontario Street St. Catharines ON ON L2R 0B4	Work: (905) 228-1712	Cellular: [redacted]
Owner: 2390541 Ontario Inc 282 Ontario Street St. Catharines ON ON L2R 0B4	Work: (905) 228-1712	Cellular:
Engineer: KGM Engineering Corporation 3 Cross Street Welland ON ON L3B 5X6	Work: (289) 820-5433	Home: (
Payee: 2390541 Ontario Inc 282 Ontario Street St. Catharines ON ON L2R 0B4	Work: (905) 228-1712	Cellular

On the said premise in accordance with plans and/or documents submitted to the Chief Building Official and subjected to the conditions in our letter dated: May 09, 2016

Demolition Inspection

IMPORTANT

THE OWNER, CONTRACTOR OR AUTHORIZED AGENT OF THE OWNER SHALL NOTIFY THE BUILDING SECTION AT LEAST 48 HOURS IN ADVANCE OF THE ABOVE NOTED INSPECTIONS. PLEASE QUOTE YOUR PROJECT NUMBER.

CALL 688-5601 Ext 1660 (TTY: 905-688-4889)

THE APPROVED PERMIT DRAWINGS MUST BE KEPT ON THE CONSTRUCTION SITE AND MADE AVAILABLE TO THE INSPECTOR. COVERING WORK PRIOR TO INSPECTION MAY RESULT IN DELAYS AND REMOVAL OF FINISHES

1. All work must be completed in accordance with plans and/or documents submitted to the Chief Building Official and/or authorized changes by the Chief Building Official.
2. This permit will be revoked after six months if the work described has not been seriously commenced or if the work is substantially suspended or discontinued for a period of time.
3. This permit is granted on the express condition that the said work in all respects conforms to the provisions of the Ontario Building Code and any other relevant by-laws of the City of St. Catharines.
4. Permission must be obtained from the City Engineer and/or the Regional Engineer to occupy the road allowance (the street, the boulevard and sidewalk) or effect changes to same.
5. The project is subject to the requirements of the Occupational Health and Safety Act.
6. The owner, contractor, or authorized agent shall be responsible for verifying that the proposed work will not interfere with public services including gas, hydro, sewer, water, telephone and cable television.
7. Any future use of the property after demolition shall be in accordance with the Zoning By-laws and Site Plan Control By-law.

Date Signed: May 09, 2016 — Authorized Signature: [signature]
Chief Building Official

OFFICE

Carrera, Sam

From: Carrera, Sam
Sent: Monday, March 21, 2016 11:32 AM
To: 'James Di Benedetto'
Subject: Demo Permit 282 Ontario St.

Good Morning James,

Make note that Fire Services will require a copy of the 'Site Specific Health & Safety Plan' and a Fire Access Route drawing for their review and comments. In other words a 3rd Binder and similar package as the ones submitted to our office on March 10, 2016.

Also make note that a fully completed Commitment To Review Form is required to be submitted to Building Services.
If you have any questions you may call the undersigned.

Regards

OWNER COMMITMENT TO HAVE GENERAL REVIEW UNDERTAKEN BY ARCHITECTS AND/OR PROFESSIONAL ENGINEERS

RECEIVED MAR 22 2016 BUILDING SECTION

PART A - TO BE COMPLETED BY OWNER

Project Description: 282 ONTARIO ST. (MAIN BUILDING) PHASE 2

Permit Application No.:

Address of Project: 282 ONTARIO ST.

Municipality: ST. CATHARINES

WHEREAS the Building Code Act prohibits the construction or demolition of a building if a permit authorizing the construction or demolition has not been issued, and

WHEREAS the Building Code requires that the construction or demolition of the project indicated have general review undertaken by architects and/or professional engineers that are licensed to practice in Ontario, and

WHEREAS general review shall not commence until a permit is issued.

NOW THEREFORE the Owner, who intends to construct or demolish or have the project indicated constructed or demolished, hereby confirms that:

1. The undersigned architect(s) and/or professional engineer(s) have been retained to undertake general review of the construction or demolition of the project indicated to determine whether construction or demolition of the project indicated is in general conformity with the plans and other documents that form the basis for the issuance of a permit, with general review undertaken in accordance with the performance standards of the Ontario Association of Architects (OAA) and/or Professional Engineers Ontario (PEO);
2. All general review reports by the architect(s) and/or professional engineer(s) will be forwarded promptly to the Chief Building Official;
3. Should any retained architect or professional engineer cease to provide general review for any reason during construction or demolition, the Chief Building Official will be notified in writing immediately, and another architect or professional engineer will be retained so that general review continues without interruption;
4. Construction or demolition of the project indicated will only be undertaken if architect(s) and/or professional engineer(s) are retained to undertake general review and a permit authorizing the construction or demolition has been issued; and
5. The architect(s) and/or professional engineer(s) listed below will be notified in writing of the start date of the construction or demolition of the project indicated and that no construction or demolition will commence before the start date given in the notification.

The undersigned hereby certifies that he or she has read and agrees to the above.

Owner's Company Name:	First and Last Name:	Signature:	Date:
2390541 ONTARIO INC.	ROBERT MEGNA		
Owner's Address:	**Telephone:**	**Fax:**	**Email:**
282 ONTARIO ST.	905-228-1712		robert@bayshoregroups.com

Company name of the coordinator of the work of all architects and professional engineers:	First and Last Name:
2390541 ONTARIO INC.	JAMES DI BENEDETTO

Address:	Telephone:	Fax:	Email:
282 ONTARIO ST.	[redacted]		jimmy@bayshoregroups.com

PART B - TO BE COMPLETED BY ARCHITECTS AND PROFESSIONAL ENGINEERS

The undersigned architect(s) and/or professional engineer(s) hereby declare that they are licensed to practice in Ontario and have been retained to undertake general review of the parts of construction or demolition of the project indicated to determine whether the construction or demolition is in general conformity with the plans and other documents that form the basis for the issuance of a permit, with general review completed in accordance with the performance standards of the OAA and/or PEO.

ARCHITECTURAL STRUCTURAL MECHANICAL ELECTRICAL SITE SERVICES OTHER: _____

Company Name:	First and Last Name:	Signature:	Date:
KGM ENGINEERING	Tamas Kalenda P.Eng.		
Address:	**Telephone:**	**Fax:**	**Email:**
3 Cross St. Welland ON	[redacted]		tkalenda@kmgengineering.ca

ARCHITECTURAL STRUCTURAL MECHANICAL ELECTRICAL SITE SERVICES OTHER: _____

Company Name:	First and Last Name:	Signature:	Date:
Address:	**Telephone:**	**Fax:**	**Email:**

ARCHITECTURAL STRUCTURAL MECHANICAL ELECTRICAL SITE SERVICES OTHER: _____

Company Name:	First and Last Name:	Signature:	Date:
Address:	**Telephone:**	**Fax:**	**Email:**

ARCHITECTURAL STRUCTURAL MECHANICAL ELECTRICAL SITE SERVICES OTHER: _____

Company Name:	First and Last Name:	Signature:	Date:
Address:	**Telephone:**	**Fax:**	**Email:**

1/8

[redacted] - [redacted]

= AREA = 640,665 ⌀

MAIN BUILDING TOTAL = 611,375 ⌀

· MAIN BUILDING: PHASE 1 = 221,000 ⌀

#8	GRD FLR	= 117,000
#12	GRD FLR	= 104,000
		221,000

· MAIN BUILDING: PHASE 2 = 349,259 ⌀

#6	GRD. FLR	= 154,000
#6	2ND FLR - MECH OFFICES	= 7,860
#6	2ND FLR - LAB + BOARD ROOM	= 15,730
#16	GRD. FLR.	= 45,000
#16	2ND FLR - MEZZANINE	= 7,860
#13	GRD. FLR	= 76,000
#13.1	GRD. FLR	= 10,833
#13.2	GRD. FLR	= 20,179
#13.2	2ND FLR OFFICES	= 11,800
		349,259 ⌀

BUILDING # 11: TO REMAIN = (41,116 ⌀)

#11	GRD. FLR.	= 17,516
#11	2ND FLR.	= 23,600
		41,116 ⌀

· BUILDING #7 = 24,085 ⌀

· BUILDING #7.1 = 280 ⌀

· BUILDING #7.2 = 230 ⌀

· BUILDING #7.3 - SMOKE STACK = 0 ⌀

· BUILDING #7.4 = 240 ⌀

· OIL HOUSE (12.1) = 4455 ⌀

8 DEMO PERMITS:

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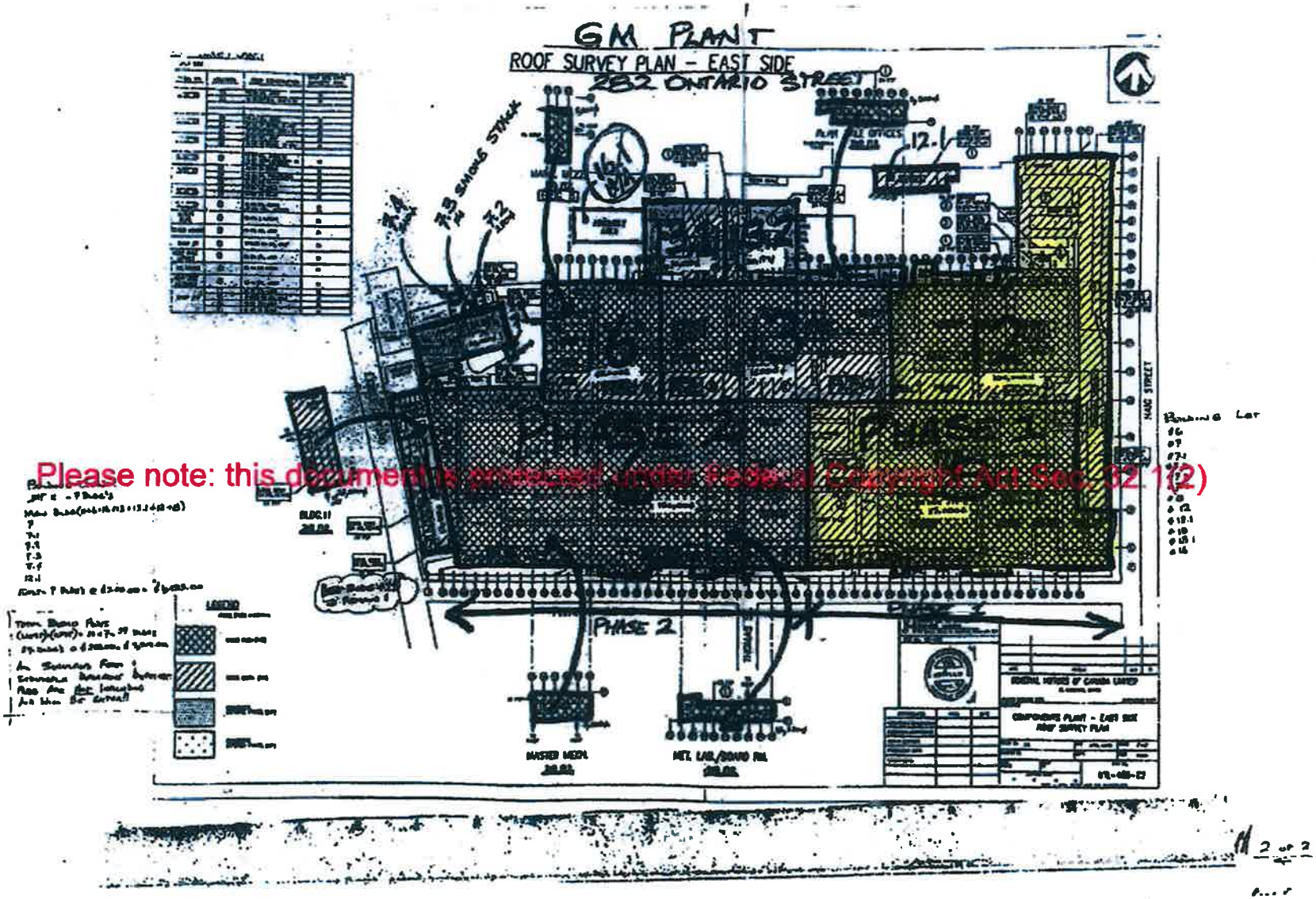

Please note: this document is protected under Federal Copyright Act Sec. 32.1(2)

"C" Submitted Supportive Documents 16 104464 IL - 282 Ontario Street

[redacted] = [redacted]

= AREA = 640,665 ft

MAIN BUILDING TOTAL = 611,375 ft

MAIN BUILDING: PHASE 1 = 221,000 ft

#8	GRD FLR	=	117,000
#12	GRD FLR	=	104,000
			221,000

MAIN BUILDING: PHASE 2 = 349,259 ft

#6	GRD. FLR	=	154,000
#6	2ND FLR - MAIN OFFICES	=	7,860
#6	2ND FLR - LAB & BOARD ROOM	=	15,730
#16	GRD. FLR.	=	45,000
#16	2ND FLR - MEZZANINE	=	7860
#13	GRD. FLR	=	76,000
#13.1	GRD. FLR	=	10,833
#13.2	GRD. FLR	=	20,179
#3.2	2ND FLR OFFICES	=	11,800
			349,259 ft

BUILDING #11: TO REMAIN = (41,116 ft)

#11	GRD. FLR.	=	17,516
#11	2ND FLR.	=	23,600
			41,116 ft

- BUILDING #7.1 = 24,085 ft
- BUILDING #7.1 = 280 ft
- BUILDING #7.2 = 230 ft
- BUILDING #7.3 - SMOKE STACK = 0 ft
- BUILDING #7.4 = 240 ft
- OIL HOUSE (12.1) = 4455 ft

B DEMO PERMITS:

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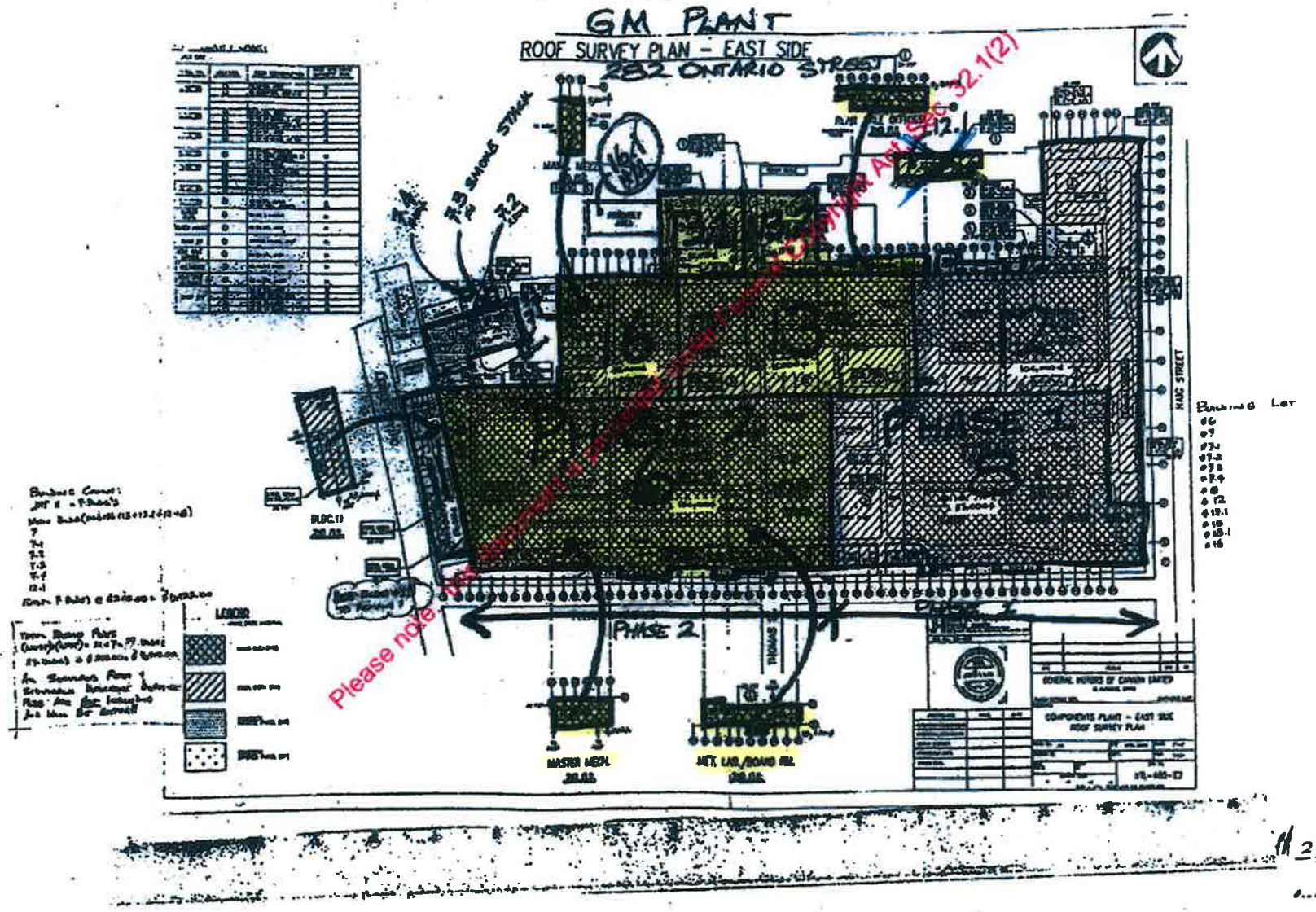

GM PLANT
ROOF SURVEY PLAN - EAST SIDE
282 ONTARIO STREET
7.3 SMOKE STACK
7.2
PHASE 2
PHASE 1
MASTER MECH.
MET. LAB./BOARD RM.
HAIG STREET
LEGEND
COMPONENTS PLANT - EAST SIDE
ROOF SURVEY PLAN
Please note: this document is provided for information only. Copyright Act Sec. 32.1(2)

KGM | ENGINEERING

October 13, 2015

BayShore Groups
282 Ontario Street, St Catharines, ON
L2R 0B4

Attention: Mr James DiBenedetto

Re: General Demolition Procedure for former GM Plant Ontario Street, St Catharines, ON

Project Overview:



The following is the general methodology for the abatement, decommissioning and demolition of the GM Plant Ontario Street St. Catharines.

The Asbestos abatement work will include the removal and disposal of both friable and non-friable asbestos, including but not limited to, insulation, pipefittings, roofing and siding. A specific detailed work plan will be established prior to commencing work onsite.

Decommissioning activities include site preparation, hazardous material removal, designation of temporary on-site storage of selected hazardous materials and any and all work required to prepare the designated structures for demolition. The conveyance trench and pits need to be uncovered, equipment removed the trenches cleaned. The wash water is to be disposed offsite to a licensed treatment facility.

Demolition activities include the removal of buildings onsite, with the exception of building 11, the tunnel under Ontario Street and the tilt plate structures. Further investigation will be given to building 2, including the east side façade of building 1 & 4. This to determine overall structural integrity, if acceptable, additional review will be conducted with including these structures under this same exception. All buildings to be demolished will have an independent assessment and specific demolition procedure review and stamped by a licensed engineer.

KGM | ENGINEERING
3 Cross St. Unit #306, Welland, ON. Canada, L3B 5X6
• Office Tel.: (289) 820-5433 • Cellular 289-213-6066
• Web site: www.kgmengineering.ca

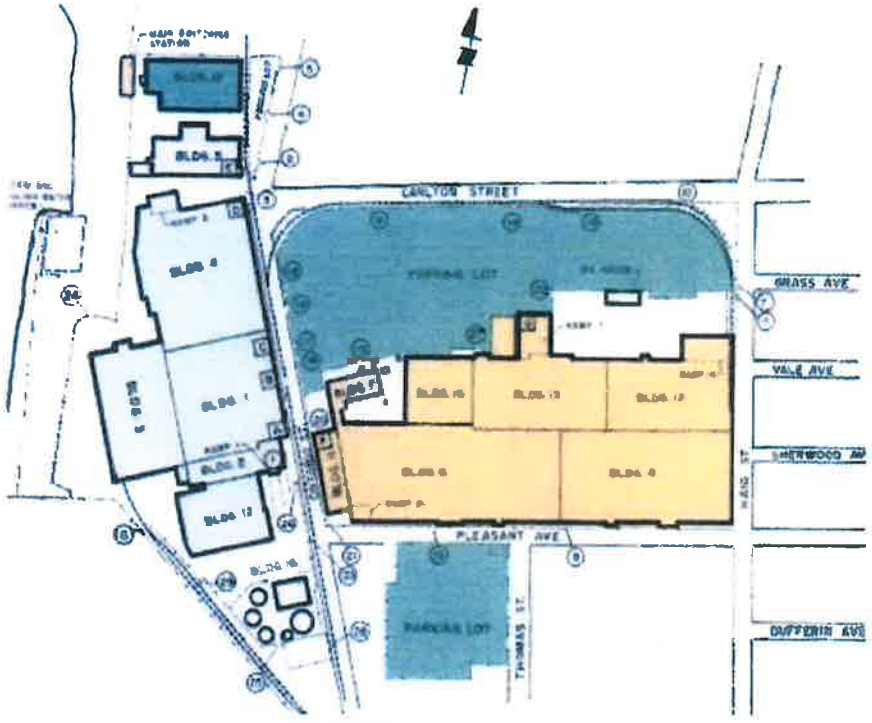
KGM | ENGINEERING

March 13, 2016

BayShore Groups
282 Ontario Street, St Catharines, ON
L2R 0B4

Attention: Mr James DiBenedetto, Demolition

Re: Building Demolition sequence for buildings East of Ontario Street - Former GM Plant Ontario Street, St Catharines, ON



Key Plan

Demolition sequence:

1. Start at the North side of building #12 progressing South leaving minimum one bay along Haig street (including the East facade). Remove only one bay at this time.
2. Continue through building #8 progressing South leaving the last bay along Pleasant Ave. Remove only one bay at this time
3. Continue bay by bay progressing West demolish Building #12, #13, #16, #8 and #6
4. Continue demolition with the remaining facades along Haig Street and Pleasant Ave.

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• Office Tel.: (289) 820-5433 • Cellular 289-213-6068
• Web site: www.kgmengineering.ca

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5. Demolition of building #7 will be determined later
6. Building #11 will not be demolished

All work shall conform to the requirements of CSA S350-M1980 (R2003) Code of Practice for Safety in Demolition of Structures and all other codes and standards.

Yours truly,
KGM | ENGINEERING



Tamas Kalenda P.Eng.

KGM | ENGINEERING
3 Cross St. Unit #306, Welland, ON. Canada, L3B 5X6
• Office Tel.: (289) 820-5433 • Cellular 289-213-6068
• Web site: www.kgmengineering.ca

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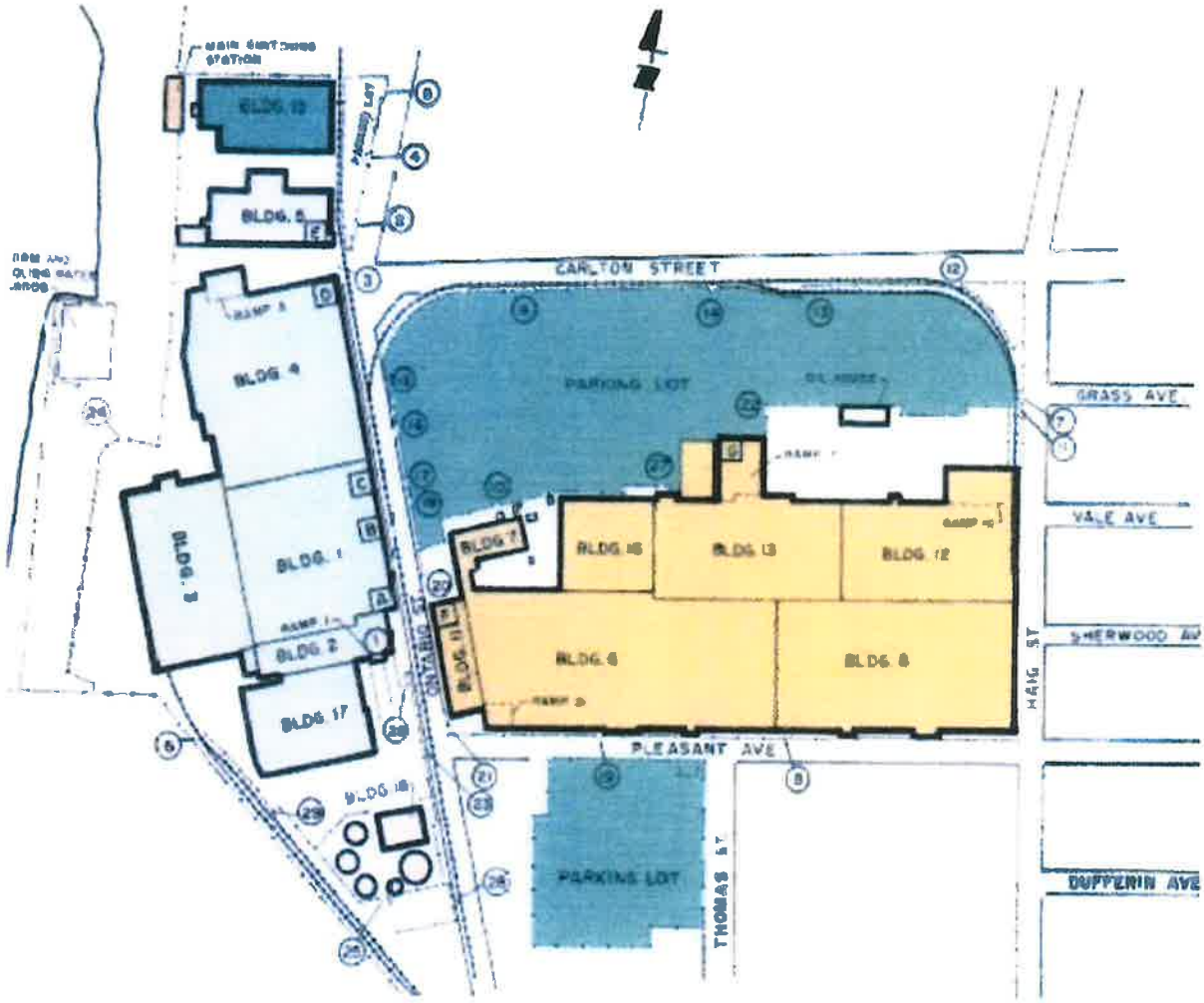

Processing and recycling of all salvageable materials and scrap metal, crushing of concrete and brick for use as backfill for voids created by demolition, and the off-site disposal of demolition debris.

Restoration activities include breaking all concrete equipment pads flush with the slab on grade, removing any demolition debris and backfilling the conveyance pits and chambers with broken rubble resulting from the demolition.

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Overall Construction Procedure Overview:

The following is the sequence of construction requirements involved in the abatement, decommissioning, demolition of the buildings and final site restoration. Each plan will be available for review and submittal by the Contractor.

- Site Fencing Plan
- Site Access Plan
- Road Closures & Traffic Control Plan
- Erosion & Sediment Control/Sub Surface Contamination Mitigation Plan
- Dust Control Plan
- Site Specific Health and Safety Plan
- Health and Safety Representation and Reinforcement Plan
- Work Operation Description
- Locates Identification and Plan
- Demolition Permit Submittal & Acquisitions
- Disconnection of Services Plan
- Designated Substances Plan
- Demolition Methodology Plan (Listed Below)
- Conveyance Chamber Plan
- Final site Cleanup I Project Closeout Plan

Demolition Methodology and Engineering Plan:

KGM Engineering will provide all that is required to review and conduct structural assessment prior to any demolition. Demolition methodology plan is following the proposed demolition schedule by the Contractor.

Demolition Sequence Overview:

1. The complete demolition shall begin with the demolition of the West side of the plant and the ancillary buildings, which can be demolished using conventional methods following demolition procedure submittal.

2. The conventional demolition and high reach demolition of the buildings will be completed in a building by building fashion interchangeably, beginning with The North Buildings, starting Building #15, working towards the Building #17. As the work progresses, the crews will then

move across to the East Buildings. Starting with Building # 12 on towards Building #7. Actual sequence to be provided with construction schedule.

3. During the demolition of the East Plant, where attached to the Office Building #11 which is to remain, care will be taken not to damage the building finishes and services. Openings will be cut in the walls, floors and roof to expose the steel structure and reinforcing, before cutting Building #11 away from the remainder of the East Plant.

4. Building 2, East Façade of building 1 & 4, may not be demolished depending on structural integrity findings.

General Conventional Demolition Overview:

1. This methodology will be used to complete the demolition of the majority of the buildings onsite. The sequencing of the demolition activities will be determined by the submitted schedule and will include all buildings slated for demolition.

2. Each building will be assessed individually prior to demolition. A certified stamp demolition procedure will be submitted for each building, including engineer on-site.

3. At the beginning of each day, the contractor shall review any fencing, guards, and scaffolding and all equipment and tools, including any equipment utilized in a fall arrest system required for demolition to ensure safety of all workers and the public. Replace any found to be deficient.

4. Install silt fence – as required - remove initially all non-load bearing elements from the building including partitions, drywall, cabinets, doors, electrical service, wiring, fixtures etc.

5. All tunnels and basements shall be clearly identified and delineated prior to the start of demolition to prevent possible collapse during demolition work

6. Utilizing a demolition-equipped excavator with a rotating pulveriser o grapple attachment, the operator, starting with the roof and progressing down, will systematically remove the concrete floors and columns in a controlled manner.

7. The demolition will progress bay-by-bay working down to the foundations, as per specific procedure requirements. Concrete and steel will be kept separate to maximize the efficiency of the cleanup operation.

8. Utilizing a high reach excavator equipped with a rotating pulveriser or grapple attachment, the operator, starting with the roof and progressing down, will in a systematic and controlled manner remove the concrete floors and columns in a controlled manner.

KGM | ENGINEERING

9. Appropriate dust control measures are to be used to as required to prevent excessive dust or debris from arising during demolition.

10. Following closely behind the lead excavator, will be additional hydraulic excavators, with bucket and thumb attachments or grapples, to be used for sorting concrete rubble, demolition debris and recyclable metals. Once segregated this material will be loaded onto trucks for off-site disposal.

11. Additional equipment will then begin to prepare the concrete for onsite crushing. All concrete and brick rubble will be crushed and stockpiled onsite as directed by the owner.

12. Where unknown services are encountered, the owner will be notified immediately and the findings confirmed in writing.

13. No explosives will be used in this demolition procedure

14. No selling, burning or burying of materials will occur on site.

All work shall conform to the requirements of CSA S350-M1980 (R2003) Code of Practice for Safety in Demolition of Structures and all other codes and standards.

Yours truly,
KGM | ENGINEERING



Tamas Kalenda P.Eng.

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1.0 PROJECT SPECIFIC SAFETY PLAN (PSSP)

FORMER GM ONTARIO STREET PLANT DEMOLITION

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INTRODUCTION:

The purpose of the Project Specific Safety Plan (PSSP) is to set forth, in an orderly and logical fashion, appropriate health and safety practices and procedures to be followed during the Asbestos, PCB, Mercury and Demolition Work Processes at the Former GM Ontario Street Plant Demolition Project. The PSSP Identifies the hazards associated with the project through the Site Specific Hazard Assessment and the Site Team will be advised of the Hazards thru Orientation, Daily Hazards Assessment Reviews, Toolbox Talks, Signage etc. It shall be the Constructors responsibility to ensure that All personnel and their Sub-Contractors comply with the provisions set for in the plan.

HEALTH AND SAFETY POLICY STATEMENT:

BayShore Groups considers the health and safety of our employees, Trade Contractors, Clients, and the general public to be as important to our success of the quality, schedule, production, and cost control of each Project. Our management team is committed to continuous improvement of measures aimed at ensuring the highest degree of safety in our operations.

It is BayShore Groups policy to perform work in a manner which provides our employees a 100% safe work environment utilizing tools such as our Work Safe Program (Plan, Communicate, Observe, & Improve). Our programs generally exceed the minimum requirements of measures mandated by the Ontario Occupational Health and Safety Act, its regulations and similar set requirements. At BayShore Groups we value life and property above all else.

To fulfill the requirements of this policy, an organized and effective safety program is mandatory and carried out at each project location. Incidents can be prevented through planning, training, detailed project execution strategies, and a cooperative effort. It is imperative that we work collaboratively as a team and that we are proactive in our efforts to avoid Injury, occupational illness, and damage to the environment.

Accidental loss can be controlled through good management in combination with active employee involvement. Loss prevention is the direct responsibility of all managers and employees alike.

As an employer, BayShore Groups is ultimately responsible for worker health and safety. As president, I give you my personal promise that every reasonable precaution will be taken to protect workers from harm.

All employees of BayShore Groups are responsible to report all unsafe and unhealthy conditions to their supervisors and abide by all health and safety rules and regulations.

I trust that all of you will join me in a personal commitment to loss prevention as a way of life.

Robert V. Megna

President/CEO
BayShore Groups

October 1st, 2015
Date

BayShore Groups
282 Ontario Street St. Catharines. On. L2R 0B4
Office: 905-228-1712
info@BayShoregroups.com

DESCRIPTION OF WORK:

The project consist of Hazardous Materials Abatement and the complete Demolition of the existing facility including the East and West Plants with the exception of the following which is to remain:

1. Office Building (Building 11).
2. Tunnel under Ontario Street between the East and West Plants.
3. Tilt Plate Structures

The project entails known hazardous substances and/or hazardous conditions at the project including:

- Asbestos containing materials (Types I, II, III)
- PCB Packaging and Disposal
- Mercury Packaging and Disposal
- Conveyance Chamber Decommissioning
- Working at Heights (Elevating Work Platform Use Included)
- Electrical Operations – Procedures and Practices will be communicated to site personnel to advice on which systems are live and which systems have been locked out/disengaged.

Should any designated substance be encountered in the course of demolition that has not been identified, workers are to IMMEDIATELY notify Site Supervision. Work shall STOP until such time has a Plan has been developed to address the issue of concern.

EMPLOYEE AWARENESS OF SAFETY:

Daily Hazard Assessments, Toolbox Talks will be completed, which includes a discussion of the hazards and controls for the topic of discussion. The employees will review the hazard assessment prior to starting work and shall be revisited if any new hazards are introduced into the assigned work location. A Weekly Health and Safety Meeting will be held to review current and past activities encouraging an open forum and ensuring a pro-active approach to what is happening at the site. All Machine Operators shall complete a Daily Log or Pre-shift Inspection prior to commencing work.

WORKPLACE INSPECTIONS:

Workplace Inspection will be conducted on a Weekly Basis by Site Supervision with Daily Inspections completed by the HSE Manager/Coordinator. Items to be inspected shall include by not limited to any identified and other potential hazards associated with the noted project. Any identified contraventions of the OH&S Act, Regulations and BayShore Groups OH&S Program will be Immediately Addressed with a plan developed to ensure that future contraventions are never permitted.

FALL HAZARDS:

Any work that is carried out at heights greater than 3 Meters or 10 Feet shall be completed in accordance with the current Construction Regulations. Workers performing work from heights shall be adequately trained in accordance with the guidelines set forth by the province of Ontario. In addition any worker using an Elevating Work Platform shall be secured to the designated anchor point while the machine is moving. No work shall be performed from the platform while standing on the railing system. **"See Fall Protection Plan for Additional Information"**

SPILL RESPONSE MATERIALS:

Spill response materials/spill kits will be placed within the vicinity of the work area to respond immediately to any discharge of hazardous materials at the site. All spills will be responded to immediately in accordance to O.Reg. 678/98. **"See Environmental Protection Plan for Additional Information"**

HEALTH AND SAFETY ROLES, RESPONSIBILITIES AND TRAINING:

Position	Health and Safety Roles	Training Requirements
BayShore Groups	Act in accordance with Section 25 and 26 of the OHSA.	
HSE Manager	Ensure compliance of OHSA and Regulations. Ensure Practices and Procedures are maintained as per Company Standards.	- TDG Trainer - Type II Asbestos Abatement Trained - Qualified Fit Tester - WHMIS Trainer
Site Supervisor/Health and Safety Coordinator	Act in accordance with Section 27 and 28 of the OHSA. Maintain and enforce site OH&S Policies and Procedures.	- WHMIS Trained - Asbestos Abatement Trained - Fit Tested - Fall Protection - Supervisor Awareness as per MOL Guidelines - Supervisor Training
Labourers	Act in accordance with Section 28 of OHSA and Company Protocols. Report Near Misses, New Hazards and Incidents to your Supervisor Immediately.	- Asbestos Abatement - Fit Tested - Fall Protection - WHMIS - Worker Awareness as per MOL Guidelines

ACCIDENTS AND INCIDENTS:

ALL WORK is to be performed safely and without incident or injury. The importance of carrying out ALL work activities in a safe manner with no injuries cannot be overemphasized and we must make Every Reasonable Effort to ensure each and every worker is protected.

All accidents, incidents and near misses that occur at the workplace must be reported immediately to the Supervisor and recorded accordingly on our Accident/Incident/Near Miss Report Form. Damage to Equipment or Theft of Equipment shall also be reported immediately to the Supervisor and recorded accordingly on our Equipment Damage and Theft Report Forms. These reports are readily available at the site office.

All accidents, incidents and near misses will be investigated and reported in accordance with the OH&S Act and Regulations.

CORRECTIVE ACTIONS:

Any violation of our OH&S Program will be documented and workers found to be in such a violation shall be disciplined in accordance with the BayShore Groups Disciplinary Action Plan.

SITE COMPLIANCE:

All daily activities will directly and indirectly monitored by James Dibenedetto. Onsite Health and Safety monitoring will be conducted by Leading Edge Safety Solutions Inc. and its approved affiliates. All noted contraventions of the Act, Regulations and BayShore Groups Policies and Procedures will be immediately reported to BayShore Groups personnel.



SECTION – 2

EMERGENCY RESPONSE

Bayshore Groups
282 Ontario Street St. Catharines. On. L2R 0B4
Office: 905-228-1712
info@bayshoregroups.com

Emergency Contact list

Project Manager	**Jimmy Dibenedetto**	**jimmy@bayshoregroups.l.com**	**905-329-9763**
Bayshore Groups Office			**905-228-1712**
HSE Consultant	**Craig Rodgers**	**crodgers@less4safety.com**	**905-244-8409**

Police, Fire & Ambulance: 911

Ministry of Labour – 1-877-202-0008
Poison Control Center – 1-800-268-9017
Spill Action Center – 1-800-268-6060
Emergency Management Ontario – 1-877-314-3723

CRISIS MANAGEMENT
&
EMERGENCY RESPONSE PLAN

1.0 Purpose:

To provide a uniform companywide policy and procedure which shall be immediately implemented in the event of an occurrence which may be considered catastrophic in nature. Site specific Crisis Management and Emergency Response Plans will be developed as to efficiently allow our staff to control our work environment a very confusing time when an unexpected crisis/emergency has arisen. A crisis/emergency can include any of the following circumstances that may require a halt to business or an evacuation of the premises:

- Fire or Explosion.
- Chemical Spills.
- Medical Emergency.
- Power Failure.
- Gas Leak.
- Bomb Threat.
- Natural Disaster.
- Workplace Violence
- Vehicular Accident
- Critical Injury
- Fatality
- Structural Failure

The purpose of this section is to ensure the preparedness of BAYSHORE GROUPS in the event of a crisis/emergency. This section outlines an effective response plan that minimizes the potential risk to employees, visitors, the community, the building, equipment, property and the environment.

A formal record of training will be maintained to demonstrate that all training requirements have been met.

2.0 Relevant Legislation:

The intent of this policy and procedure is to assist company personnel in meeting the requirements of the Ontario OH&S Act and Regulations, Environmental Protection Act, and any Municipal Requirements (especially if hazardous materials are on site).

3.0 Scope:

This policy and procedure will apply during the period of work at the project where the evacuation of any of our facilities or sites is necessary. This Crisis Management/Emergency Plan and Response Action will be followed during a confusing emergency situation, including, but not limited to Fire, Power Failure, Gas Leak, Chemical Spill, Natural Disasters, Bomb Threat, Medical Emergency, Criminal Activities, Vehicular Accidents, Critical Injuries, Death of a Worker and Failure of a Structure.

Emergency Evacuation Plans

Chemical Spills

When a chemical spill occurs, action must be taken as quickly as possible to protect individuals in the area and to contain the spill. Small spills shall be dealt with immediately by the supervisor in charge according to the Material Safety Data Sheet (MSDS) for the product.

- A chemical spill is defined as the following:
  - ⇨ Any hazardous substances that can, cause adverse health effects, cause property damage or cause environmental damage.
- In the event of a chemical spill:
  - ⇨ Isolate the surroundings to prevent anyone from entering the area and remove anyone who may be in the vicinity.
  - ⇨ If toxic fumes are present, the supervisor will evacuate the building immediately.
- The supervisor will then do the following:
  - ⇨ Contact 24 Hour – Canada Wide Emergency Response at 1800 32 SPILL
  - ⇨ Immediately Contact the HS&E Manager who will be responsible to notify Senior Management.
  - ⇨ If safe to do so, place signs and caution tape to secure the area.

⇨ If it is safe to do so, place absorbent material near the area where the spill is moving. All required clean up materials can be found in the maintenance facility and site trailers. If no site trailers are on the project then all required clean up materials can be found in the tools bins.

Clean up the spill as per the requirements of the Material Safety Data Sheet.

After the incident is clean up the supervisor must complete and send a copy of the hazard report to the HS&E Manager and the Joint Health and Safety Committee and/or the Safety Representative (If Any) by the next business day.

Medical Emergency

In event of a medical emergency the following will be adhered to:

- Evaluate the accident area to ensure that it is safe to render first aid.
- Do not move the victim unless greater danger exists.
- The first aid responder must provide first aid to the victim(s).
- Identify and evaluate the injury.
- Contact 911 by sending someone to the nearest phone, or provide immediate transportation to the doctor's office, hospital or home as required.

At the time of the call, provide the following information:

- Location of the injury scene.
- Nature of the injury and the number of victims.
- Stay on the phone until advised to hang up.
- Send someone to notify management of the emergency.

After the emergency situation has subsided:

- The HS&E Manager, Senior Management and Supervision shall complete the BAYSHORE GROUPS Accident /Incident Investigation Report and conduct a thorough investigation including all details surrounding the accident. Included in the report will be recommendations to prevent a recurrence. The Accident /Incident Investigation Report is readily available at Office Facilities and on all Site Trailers or Tool Bins.
- The Senior Manager or Supervision will forward this information to the Health and Safety Department where appropriate reporting will completed and submitted to such agencies as WSIB, MOL, MOE Personnel etc within the specified timeframes.

Power failure

In event of a power outage, the emergency lights will come on automatically throughout the facility. All employees shall use care and caution when exiting the building.

In the event of a power failure the following will be adhered to:

- Evaluate the area to ensure that it is safe.
- Do not move unless greater danger exists.
- Identify and evaluate the source of the power outage.

At the time of the call, provide the following information:

- Location of the power outage.
- Nature of the injury and the number of victims, if any.
- Stay on the phone until advised to hang-up.
- Send someone to notify management of the emergency.

After the emergency situation has subsided:

- Complete the BAYSHORE GROUPS Injury/Incident Investigation Report and conduct a thorough investigation including all details surrounding the accident. Included in the report will be recommendations to prevent a recurrence. The Accident /Incident Investigation Report is readily available at Office Facilities and on all Site Trailers or Tool Bins. Immediately provide a copy of this form to the HS&E Department.

Gas Leak

In event of a gas leak the following will be adhered to:

- Evaluate to ensure that it is safe.
- Identify and evaluate any injuries.
- If required, contact 911 (Emergency Services if 911 is unavailable) by sending someone to the nearest phone, or provide immediate transportation to the doctor's office, hospital or home as required.

At time of the call, provide the following information:

- Location of the gas leak.
- Nature of any injuries and the number of victims.
- Stay on the phone until advised to hang up.
- Send someone to notify management of the emergency.

After the emergency situation has subsided:

- Complete the BAYSHORE GROUPS Injury/Incident Investigation Report and conduct a thorough investigation including all details surrounding the accident. Included in the report

will be recommendations to prevent a recurrence. The Accident /Incident Investigation Report is readily available at Office Facilities and on all Site Trailers or Tool Bins. Immediately provide a copy of this form to the HS&E Department.

Bomb Threat

In the unlikely event of a bomb threat, which will normally be received over the telephone, the following procedures shall be followed:

- The receptionist shall immediately call 911 and when time permits, he/she will obtain as much information as possible regarding the situation talking to the caller.
- Once the caller has hung-up, the receptionist shall notify.
- Senior Management.
- Supervision.
- Health and Safety Manager.
- BAYSHORE GROUPS Management shall initiate an immediate building evacuation.

The receptionist shall page the following announcement three(s) times:

"ATTENTION
AN EMERGENCY CONDITION EXISTS!
ALL PERSONNEL PLEASE EVACUATE TO THE
DESIGNATED GATHERING POINT

- Employees and management shall follow the evacuation procedure upon hearing the announcement.
- BAYSHORE GROUPS management shall not permit re-entry until the facility or project has been searched and declared safe by the bomb disposal unit.

If a bomb threat is received by any other means than the telephone, the person receiving the threat shall report it immediately to their supervisor. The supervisor shall then report it immediately to the President and HS&E Manager.

Natural Disaster

In case of a tornado or hurricane the facility management shall monitor the radio to determine if there is an extreme weather warning in place. All employees shall shut down any equipment/machinery they are using. Employees will then gather in the office area, trying to avoid rooms that have outside walls. Employees should also open all doors to help equalize pressure in the facility.

In case of an earthquake, employee in the shop should evacuate to the parking lot until the quake and aftershocks are over. Employees in the front office shall take cover under desks or in doorframes.

In the event of a flood, management must shut off the power to the building and turn off the supply lines to all the flammable gases. Also, all compressed gas cylinders must be secured.

Fire or Building Evacuation Procedure

In the case of an emergency that requires the evacuation of the building (i.e. fire, gas leak, etc.) an employee should be sent to the office area to notify the receptionist to make an evacuation page. The receptionist will also be responsible for calling 911 if it is safe for him or her to do so from the office.
If it is not safe then they must make the call from the nearest safe location. Employees also have a duty to inform workers in their immediate area of the danger and the necessity to evacuate. If this situation occurs, employees are to do the following:

- The Receptionist/Office Administrator shall page the following announcement three(3) times:

"ATTENTION
AN EMERGENCY CONDITION EXISTS!
ALL PERSONNEL PLEASE EVACUATE TO THE
DESIGNATED GATHERING POINT

- Shut off any equipment/machinery they are using.
- Leave the building through the closest emergency exit. All employees once outside are to assemble and remain at the employee parking lot.
- If it is not safe for the employees to remain at the employee parking lot, or if injured workers need shelter from the weather, then all employees will proceed to the nearest building.
- Once assembled, a member of BAYSHORE GROUPS office staff is to perform a roll call to ensure that all personnel have successfully evacuated the building.
- If an employee is missing from the roll call, emergency response personnel are to be informed immediately.
- Trained first aid personnel will attend to all injured employees while waiting for emergency services.
- A fire/emergency evacuation drill must be conducted each year.

- The circumstance of each emergency situation must be recorded using the BAYSHORE GROUPS Accident / Incident Investigation Form. The Accident / Incident Investigation Report is readily available at Office Facilities and on all Site Trailers or Tool Bins. Immediately provide a copy of this form to the HS&E Department.

- If an injury or illness is involved, please refer to First Aid personnel will provide treatment.

Forward a copy of all completed reports to the HS&E Department and the Safety Representative and/or the Joint Health and Safety Committee.

The evacuation procedure shall be tested, and assessed, at a minimum, on an annual basis.

Fire Drill

BAYSHORE GROUPS requires that a fire drill be conducted every twelve (12) months for supervisory staff. Fire drills at BAYSHORE GROUPS will involve all employees, not just supervisors. It is essential that all employees are aware of their responsibilities during an emergency.

The purpose of a fire drill is to ensure that the occupants and staff are totally familiar with emergency evacuation procedures resulting in orderly evacuation of our facilities. A formal record of training will be maintained to demonstrate that all training requirements have been met.

Advance notice will be posted, advising the date of these practice drills. The drills will be reported to the Fire Department. Fire drills will be conducted throughout the day to ensure that all shifts have participated in a drill. Following each drill, all persons of delegated responsibility, will attend a debriefing to report on their actions and the reactions of the occupants. The fire drill form is readily available upon request at our facilities and is also located on all job sites tool bins or site trailers.

Fire Extinguisher Use

If the fire is small (and you are confident it can be easily controlled), use a fire extinguisher of suitable type. Always point the extinguisher at the base of the fire. Remember PASS:

P __ *Pull* the safety pin at the top of the extinguisher.

A __ *Aim* the nozzle, horn or hose at the base of the flame while holding extinguisher vertically.

S __ *Squeeze* or press the handle to release the extinguisher agent.

S __ *Sweep* from side to side at the base of the fire and at least six inches past the edges of the flames until completely extinguished.

Remember, fire spreads quickly! If you can't find an extinguisher, or if you are unable to put out the fire for any reason, evacuate immediately. Your actions in the first few seconds are critically important. If the fire is out of control, leave the area immediately and initiate a fire emergency response.

Floor plan of the workplace

The floor plan of the office building can be located on the Safety Board on the main floor. The workplace plan of all projects can be located on site in the site office trailer or the tool bins.

Exit Route

The exit route for all office employees can be located on the floor plans. This document is located on the Safety Board on the main floor. All exit routes of projects can be found in the emergency site evacuation plans that are located on all job sites in the site office trailers or the tool bins.

Employee assembly point(s)

The employee assembly point for an office worker is the car parking lot located at the main entrance to the site or the front of the building. The employee assembly point for a project is the tools bins and site trailers unless instructed differently by the site supervisor. The supervisor will communicate the site specific assembly point to the employee during the initial orientation process.

4.0 Procedure:

All Employees of BAYSHORE GROUPS, Sub-Contractors to BAYSHORE GROUPS and Visitors will be made aware of this procedure through the Site Specific Orientation Program.

SITE NOTIFICATION:

ONE CONTINOUS BLAST FROM AN AIR HORN INDICATES THAT YOU ARE TO EVACUATE THE WORK ZONE AND IMMEDIATELY PROCEED TO THE DESIGNATED GATHERING POINT

OFFICE NOTIFICATION:

AN ANNOUNCEMENT SHALL BE MADE BY THE RECEPTIONIST TO INSTRUCT STAFF TO IMMEDIATELY EVACUATE THE FACILITY AND HEAD TO THE DESIGNATED GATHERING POINT.

All emergency contact names and numbers, directions to the nearest hospital and names of employees trained in First Aid/CPR will be posted at ALL BAYSHORE GROUPS facilities and site offices.

- Senior Management or their designate shall initiate the 911 call. When the 911 service is unavailable a call must be placed to local Emergency Personnel.

- Once the Emergency Services have been contacted a call must be immediately placed to the BAYSHORE GROUPS HS&E Manager who will be responsible to notify Senior Management and shall oversee the investigation.

- The HS&E Manager reserves the right to utilize any means necessary upon notification of an occurrence such as using a Third Party OH&S Specialist to oversee the investigation.

- During an evacuation of any of our facilities or projects, all employees, subcontractors, and visitors will proceed to the designated meeting site. The designated meeting area at our project is located at the **MAIN GATE KIOSK.**

- A worker designated by Supervision shall proceed to the main entrance of the facility or project to direct emergency personnel.

- All Managers and Supervision will be responsible for ensuring that all workers have made it out safely. A head count shall take place and pertinent worker information provided to the most Senior Manager at the scene.

- The Senior Manager or Site Supervisor will confirm that ALL workers have been accounted for. **At no time will a worker be permitted to re-enter the work area until the all clear sign has been given by the Most Senior Manager, Project Supervisor and Emergency Personnel.**
- In the event that you may have to leave the gathering point for any reason (washroom), you are to notify your Immediate Supervisor.

To ensure the accurate disclosure of appropriate information, all encounters with, or inquiries by outside services shall be coordinated by the Site Supervisor under guidance of Senior Management. An outside service may represent the police, fire, ambulance, government inspectors/officials, and the media.

5.0 Responsibilities:

Responsibilities of Managers

Managers are responsible for ensuring that our facilities and projects are equipped with all emergency protection equipment required under the relevant legislation. BAYSHORE GROUPS managers must:

- Purchase and make available in the workplace fire detection and/or suppression equipment (i.e. fire extinguishers/hoses, pull stations, etc.) and ensure those who may be required to use the equipment are adequately trained in the use of such equipment.
- Develop and implement an emergency evacuation plan.
- Ensure inspections of fire detection/suppression equipment are carried out as required.
- Review this procedure following each emergency situation to determine if changes are required.

- Coordinate maintenance requirements as described in the plan and conduct an annual fire evacuation drill.
- Delegate the responsibility and authority for this procedure appropriately during their absence.
- Official communication (Media and Investigating Organizations) shall be completed by Senior Management Only, unless otherwise instructed by Legal Counsel.

Responsibilities of Supervisors

Supervisors are the initial representatives of the company in the event of an emergency. All supervisors must:

- Take appropriate preventative actions to minimize the risk of fire or emergency.
- Direct all communication (media inquiries) regarding an emergency situation to Senior Management.
- Ensure that this procedure is implemented and maintained and employees receive initial and on-going training.
- Ensure that emergency services have been contacted in the event of an emergency.
- Take a head count at the designated meeting area and report this to management.
- Ensure that there is a person assigned to meet emergency services and direct them to the scene.
- Authorize workplace re-entry in consultation with management and emergency services.
- Project Superintendents and Site Supervisors shall ensure that All measures and procedures prescribed in the Act & Regulations are carried out at the project.

Responsibilities of Workers

- Follow the emergency procedures and avoid taking any unnecessary personal risks in the event of an emergency.
- Advise the supervisor of any special needs that they may have such as needing assistance with evacuation and medical conditions.
- Direct all communication (media inquires) regarding the situation to management.
- Report directly to the designated meeting area for head count in the event of an emergency. The designated meeting area on the project sites are the site trailers. If there are no site trailers located on that project then each employee shall meet at the project tool bins.
- Workers shall ensure that work is performed in a manner compliant with the OH&S Act & Regulations. Workers shall also ensure that work is performed in a manner that meets or exceeds company and project expectations.

6.0 Health and Safety Shall:

- Ensure this policy and procedure is implemented and communicated at the facility or project.

- Provide necessary formal training programs to all personnel working at the project thru Daily Hazard Assessments, Toolbox Meetings and Site Specific Orientation.

Note

This Procedure may be subject to change as the work processes continue to evolve. Any changes will be made under the direction of the OH&S Department.

CRISIS MANAGEMENT PLAN
ACKNOWLEDGEMENT

Date: _____

Workers Name (Print)

Note: Please forward completed forms to:
BAYSHORE GROUPS
Health, Safety & Environmental Department

EMERGENCY PROCEDURE RESPONSIBILITIES

- The First Aid Attendant _____ is to Administer First Aid.
- _____ Is to call Emergency Services.
- _____ Is to direct Emergency Services to the Site (Site Address/Directions).
- _____ Is to collect stretcher, blanket, First Aid Kit, Splint if required by the First Aid Attendant.
- _____Notify the Corporate Health & Safety Manager once the Injured Worker has been attended/treated.
- Then _____or _____ are to conduct the Investigation and completing our Internal Investigation Report Forms.
- If the Injured Person is one of the Persons Mentioned above, _____ is to perform duties of the Injured Person.

A mock drill must be carried out once a month!

PROJECT NAME: FORMER GM ONTARIO STREET PLANT DEMOLITION **DATE:** OCTOBER 1, 201

WORK SITE: FORMER GM PLANT "ONTARIO STREET" **TYPE OF WORK:** STRI

COMPLETED BY: BAYSHORE GROUPS

Types of Work	Work Related Activities	Hazards	Risk (1–4)				Risk
List all types of work done at the work site.	List all types work related activities for each type of work	List the hazards for each work related activities. List both health and safety hazards	Frequency	Probability	Consequence	Degree of Risk	Classification High, Medium or Low
Mobilizing to Proposed General Laydown area	Transportation of equipment, material and manpower to site	Vehicle hazards (hit/struck by), Traffic hazards (hit/struck by)	3	2	3	18	Medium
	Equipment and material handling on site	Moving equipment (hit/struck/crush by), Manual unloading (muscle strains, sprains, etc).	2	2	3	12	Low
Traffic Control	Barriers/1.8m Fencing to be placed at Immediate Work Areas. Flagging will be required when equipment is reversing at the site.	Moving Equipment (hit/struck/crush by). Traffic hazards (hit/struck by).	4	2	3	24	Medium/High
Asbestos Removals	Working from Scaffold and set-up of ladders or scaffolding. Securing Identified Work areas containing Asbestos.	Climbing Hazards, Hit or struck by, Cut hazards, restricted lighting, exposures to dust particles, flying debris, noise.	4	2	4	32	High
Securing Workplace Openings	Vehicle and equipment movement throughout areas where workplace openings exist.	Barriers to be placed where openings are located. Drive into floor openings. Fall into openings.	3	3	2	18	Medium

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Removal of Mechanical Installations	Removal of conduits, wiring, pumps, electrical transformers and other piping	Overexertion, Muscle injury, hit or struck by, Falls, Hand tool and Cut-off Saw use	3	2	3	18	Medium
Mercury Light Tube & Thermostat Removals	Removal of Mercury Light Tubes and Thermostats that contain Mercury	Flying debris, hit or struck by, muscle injury/overexertion and potential broken glass tubes.	3	2	3	18	Medium
PCB Packaging & Disposal	Use of Equipment and tools to remove the PCB Ballast	Muscle injury, hit or struck by, skin irritation and overexertion.	2	3	2	12	Low

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Types of Work	Work Related Activities	Hazards		Risk (1–4)			Risk
List all types of work done at the work site	List all types work related activities for each type of work	List the hazards for each work related activities. List both health and safety hazards	Frequency	Probability	Consequence	Degree of Risk	Classification High, Medium or Low
De-Commisioning of Conveyance Chambers, Pits, Drains and Tunnels	Removal of oil based products from Pits etc. Pressure wash the identified areas and backfill with approved materials at all Pits etc. Materials to be compacted at the noted areas.	Muscle injury, hit or struck by, skin irritation, slip or trip, lighting and potential fall hazards, poor access/egress, potential confined space.	4	2	4	32	High
Structural Demolition	Demolition of the noted structure known as the Former GM Ontario Street Assembly Plant	Moving Traffic, Traffic Control, hit or struck, flying debris/dust, structural collapse & Public Way Protection	4	2	4	32	High
De-Mobilizing from General Laydown area	Transportation of equipment, material and manpower from site	Vehicle hazards (hit/struck by), Traffic hazards (hit/struck by)	3	2	3	18	Medium
	Equipment and material handling on site	Moving equipment (hit/struck/crush by), Manual unloading (muscle strains, sprains, etc).	2	2	3	12	Low

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Controls List the proposed controls for each hazard.
Safework practices and procedures must be followed during the operation of a vehicle. This procedure will be communicated with the workers via Daily Hazard Assessments, Toolbox Meetings and Site Specific Orientation prior to that individual performing this task.
Workers must wear all required PPE while performing any equipment and material handling on site. It shall include but not be limited to Safety Boots, Safety Vest, Head and Eye protection. Respiratory Protection will be required as the circumstance may arise. All equipment backing up will be assisted by a signal person. In addition, all workers will be instructed in safe manual lifting techniques.
Traffic Control measures must remain inplace during the waste removal process. Workers must wear all required PPE while performing this task. It shall include but not be limited to safety boots, safety vest, head and eye protection.
Appropriate and approved Abatement Plan must be implemented. Ladders to be secured at top and bottom. Use proper cutting practices. Ensure proper Resipratory Protection is used at ALL Times. Spray Identified areas. Fall Hazards Must be eliminated following Fall Protection Plan. Disposal of material in compliance with regulatory standards and best work practices. Use of Head, Foot and Eye Protection is Mandatory.
Oils and waste water to be removed from the identified pits. Once cleaned the identified areas shall be backfilled with clean fill and compacted to ensure solid ground for heavy equipment. Barriers to remain in place until such time as this task is complete.

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Workers must be trained to operate Elevating Work Platforms and must have proof of Fall Protection/Working at Heights training. Pre-shift Inspections must be completed daily for each EWP must be used in accordance with Manufacturers Specifications and Instructions. The PPE for this shall include but not limited to eye, skin, foot, head and respiratory protection. Traffic vest must be worn as per project policy. Hot work ermit is required for open flame or cutting operations.
Workers to be briefed on the hazards associated with this task. Work areas to be secured with signage posted at the identified areas. Refer to site specific procedures if thermostats are broken. Workers must wear all required PPE while performing this task. The PPE shall include but not limited to eye, skin, foot and head protection.
Workers must be briefed on the hazards associated with the task of removing Fluorescent Lamp Ballast containing PCB's. Work areas to be secured with signage posted at the identified areas. Workers must wear all required PPE while performing this task. The PPE shall include but not limited to eye, skin, foot and head protection.

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Controls
List the proposed controls for each hazard.
Open area shall be provided with a barrier/guardrail system until the areas have been backfilled. Signage to be posted at the identified areas. Access/egress of the work areas shall be maintained. Lighting system required where lighting is restricted. Workers must wear all required PPE while performing this task. The PPE shall include but not limited to eye, skin, respiratory, foot and head protection. Confined Space Procedure may be required.
Creation of best Practices and Procedures prior to the demolition process. Daily assessments to be performed by site personnel and weekly Safety Talks conducted by Site Supervision. Traffic Control Plan to be implemented with traffic control persons used when required. Workers must wear all required PPE while performing this task. The PPE shall include but not limited to eye, skin, respiratory, foot and head protection.
Safework practices and procedures must be followed during the operation of a vehicle. This procedure will be communicated with the workers via a Toolbox Meeting and Site Specific Orientation prior to that individual performing this task.
Workers must wear all required PPE while performing any equipment and material handling on site. It shall include but not be limited to safety boots, safety vest, head and eye protection. All equipment backing up will be assisted by a signal person. In addition, all workers will be instructed in safe manual lifting techniques.

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SECTION - 3

HAZARD ASSESSMENT PROCESS & OVERVIEW

FORMER GM ONTARIO STREET PLANT DEMOLITION

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HAZARD AWARENESS PROGRAM SUMMARY

1.0 Purpose:

To provide a uniform companywide policy and procedure for the detection of hazardous conditions that may exist at the workplace and initiate a corrective action program to eliminate the exposure of these hazards to the workers and the general public.

2.0 Relevant Legislation:

The intent of this policy and procedure is to assist Management, Project Coordinators, Supervisors and Project Personnel in meeting the requirements of the Occupational Health and Safety Act & Regulations.

3.0 Scope:

This policy and procedure will assist in identifying and eliminating workplace hazards. A complete Hazard Awareness program may provide results such as:

- Increased knowledge of the dangers inherent in the task at hand.
- Improved safety awareness and improved safety dialogue and communication among workers.
- Improved focus for workplace safety inspections.
- Improved risk management leading to increased accident prevention.
- Compliance with the Occupational Health and Safety Act & Regulations.

Recognizing and assessing hazards is the first step to controlling or eliminating risk. Methods of doing this include observations and reporting, inspection, task analysis, and trend identification.

Factors that contribute to making a job hazardous are identified as:

- People (training)
- Equipment
- Materials
- Environment
- Process (the way work is done)

The degree of hazard or risk can be estimated using knowledge of the potential for a major injury (severity), knowledge of probability of occurrence and the consequence if the incident were to occur.

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4.0 Procedure:

How to conduct a Hazard Assessment

1. **Select a job, task, occupation or common hazard.** Ideally, you should start with an item that has been identified as a health and safety problem. For instance, jobs where accidents occur frequently or result in serious injuries should be a priority. Jobs in high hazard areas, such as where people work alone, where consequences of an accident are severe such as major injury or fatality, jobs where workers have voiced concerns or had work refusals or newly established jobs as due to lack of experience in these jobs, hazards may not be evident or anticipated.

2. **Break each task down into steps.** Describe and list each step in sequence.

3. **Identify the risk factors at each step.** Beside each task, write down the materials, equipment, processes and environmental factors involved that could cause an accident or health effects. People factors may also be relevant.

4. **Identify the hazards associated with each task/factor combination.** Systematically go through every risk factor for every task, and consider what specific hazards might be involved. Make a list of both health and safety hazards.

5. **Assess the hazard.** Evaluate the degree of risk, what is the extent to which the hazard is likely to cause loss of life, permanent disability or serious injury as well as the probability of occurrence. When considering health hazards, you can consider the number of persons exposed and the duration of exposure. Where there is exposure to hazardous chemical, biological or physical agents, you will need to include workplace and personal exposure monitoring to ensure that exposures do not exceed regulated or recommended limits.

6. **Identify controls.** Identify procedures or modifications needed to eliminate or control the hazards. This may require changes to people factors, equipment, materials, procedures, tools, systems or processes.

7. **Validate the analysis.** Implement the needed controls, and then validate the analysis by observing the task in operation. Make sure that new hazards have not been introduced. Get feedback from the employees performing the job to determine how the hazard controls work.

8. **Evaluation.** Assess the need to repeat the analysis. Continuous improvement should be implemented with the Hazard Analysis and reviewed every three years or sooner if necessary. Hazard Assessments will be conducted at a minimum on a weekly basis and shall also be performed when a new task is introduced into the workplace. Upon completion of the Hazard Assessment a meeting will be held with the site workers to review the newly introduced task.

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WHAT DO YOU DO ONCE YOU HAVE COMPLETED YOUR HAZARD ANALYSIS?

Once you have validated your hazard controls, you need to develop safe work procedures.
These procedures must be communicated to all employees who are or will be performing the job or task.

Some Controls can include:

- Preventative Maintenance
- Procedures
- Training
- Personal Protective Equipment
- Job Rotation
- Engineering
- Pre-shift Inspection

5.0 Hazard Assessment Overview

FORMER GM ONTARIO STREET PLANT DEMOLITION – HAZARD ASSESSMENT OVERVIEW	
Analyzed by: Craig Rodgers & Jimmy Dibenedetto	**Date: October 1, 2015**
Reviewed by: Health & Safety Department & Senior Management	**Date: October 5, 2015**
Approved by: Jimmy Dibenedetto	**Date: October 7, 2015**

Job Steps	Identified Hazards	Initial Rating	Controls	Mitigated Rating
1. Electrical	Electrical Shock	A	Equipment shall be locked and tagged out. Signage to be posted in prominent locations where Electrical Hazards exist. Equipment to be equipped with functioning GFCI's. Locates where required	C
2. Weather	Rain, Cold, Slippery, Snow, Heat	B	Snow removals and sanding at access/egress routes. Skin Protection required in Extreme Hot & Cold Weather.	C
3. Biological	Still water, and Viruses	B	Be aware of protruding object that may penetrate skin. Cover when needed. Needles to be secured if found	C
4. Burns/Scalding	Equipment/Tools, Electrical	C	Ensure guarding remains in place at All Times. Wear skin protection when potential risk is present.	C
5. Chemicals	PCB, Asbestos, Mercury, Oils, Silica and Concrete Products	A	Implement best practices and procedures are developed for high risk task. Handle and transport materials in a safe manner. Be aware of WHMIS requirements and MSDS Location.	C

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6. Equipment / vehicles	Hit or struck by. Collisions	A	Traffic Control Plan must be developed and implemented at the site. Operate tools and equipment as per Operators Manuals. Consumption of Drugs and Alcohol is strictly Forbidden.	B
7. Hoisting and Rigging	Hit or struck by, Pinch points, crushed	B	Hoisting and Rigging procedures shall be in place prior to any lifting operation. Only trained workers shall be permitted to perform this task. Awareness of pinch points to be discussed prior to lifting operations.	C
8. Guardrails	Fall	A	Guardrails and Coverings shall be in place as per the OH&S Act & Regulations.	C
9. Fire & Explosion Hazards	Burns, equipment fueling	B	Fire extinguishers shall be in place during open flame operations and where gas/fuel fired equipment is being used and as per OH&S Act, Regulations.	C
10. Ergonomics	Strains and Sprains, Improper Lifting Techniques	B	Workers to utilize team spirit when lifting object of considerable weight, Stretching prior to lifting, keep legs bent, be aware of footing and pathway conditions.	C
11. Fumes, Dust	Dust generated from demolition operations, Lung Disease	A	Appropriate Respiratory Protection in the circumstances. Mechanical and Natural Ventilation methods to be implemented.	C
12. Human Factor Issues	Violence & Harassment, Drugs & Alcohol, Fatigue	B	Enforcement of D&A Policy and Disciplinary Action Plan. Ensure Rest Periods and Breaks are taken. Team spirit must be promoted.	C
13. Noise	Chipping hammers and Equipment	B	Hearing Prevention Program will require appropriate hearing protection based on decibel levels and consideration to work process duration and exposure	C
14. Tools and Equipment	Hit or struck by	B	Workers to follow proper operation procedures at all times and perform pre-shift inspections of the tools and equipment.	C
15. Housekeeping	Tripping	B	Maintained at a minimum on a daily basis. All work areas must be kept clean and free of obstructions. Access and Egress routes to be maintained at all times.	C
16. Signage	Unidentified hazards	B	Posted in sufficient numbers and at prominent locations to warn workers and the public of potential hazards associated with the work zone.	C
17. Protruding Objects	Rebar. demolition equipment and drills	B	Protrusions covered when required. Guard to remain in place at all times.	C
18. Guarding	Hit or struck by	B	Guards to remain in place as per manufacturer's specifications and instructions.	C
20. Slips, Trips, Falls	Icy Conditions. Sanding of walkways and work locations	A	Pathways to be salted sanded and waste materials removed to an appropriate disposal area. Housekeeping policies to be maintained throughout each shift.	C

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21. Excavation	Cave-ins/hit or struck by equipment	B	Workers to follow proper trenching and excavating procedures. Locates to be carried out prior to digging.	C
22. Traffic	Travel to and from site	A	Workers/Operators to follow proper Safe Work Procedures and Practices when operating motorized vehicles.	C

For all hazards rated A (Major) a Safe Work Practices and Procedure must be developed and all staff exposed to the hazard must be trained.
The original copy will be filed with the Health and Safety Manager. A copy will be kept with the Shift Supervisor. These forms must be available for the OH&SC and Worker Representative to review during inspections.
Please refer to the attached detailed hazard assessment.

A hazard analysis should involve the workers who perform the job as well as their supervisors. Health and Safety specialists may also participate. People familiar with the job should be asked about events that may affect normal operations. Equipment breakdowns, shift changes, or other intermittent events may lead to a sequence of steps different from the one being analyzed. By including their feedback, you are demonstrating that the workers have a say in their job and more likely to get buy-in to the safe work procedures that are implemented.

Explain the purpose of the hazard analysis to ensure full co-operation and participation of the employee. Assure the employee that the purpose is to make the job safer and not an evaluation of their work performance.

Observe jobs during normal working hours and situations. For example, if the job is normally done on the night shift, perform the analysis at night.

The following steps are required to conduct a Hazard Assessment, leading ultimately to the determination of level of risk for all hazards:

Identify Hazards

Identify activities/processes that have potential for injury/illness and identify specific hazards that exist in these processes/activities. All areas and facets of the workplace are required to be reviewed for the identification of hazards.

Hazard Types:

Chemical - compressed gases, flammables
Physical - noise, weather, heat, cold
Biological - blood, insect bites, plants
Ergonomic - computer work stations incorrectly adjusted, repetitive motions
Safety - housekeeping, inadequate machine guarding, material handling and energy

Hazard Sources:

People - actions
Equipment - tools, production equipment
Material - raw materials, chemicals
Environment - noise, air quality
Processes - combination of the above.

Resources that could be used in conducting a hazard assessment:

- Legislation
- Existing practices and procedures
- Industry best practices
- Normal and abnormal operations
- Previous accident reports
- Physical inspection of the workplace
- Brainstorming – "ask what if…"
- Employee knowledge – unsafe conditions, known hazards

Rate the risk of the hazard as if the controls were not in place.

The following classification system could be used to assess the level of risk for all hazards:

Class A (major) = high risk (immediately dangerous to life and health).

Class B (moderate) = medium risk (medium term potential for non-life threatening injury or illness).

Class C (minor) = low risk (long term potential for slight injury or illness).

Timeframes for implementation of hazard controls:

Class A (major) = immediately

Class B (moderate) = as soon as possible

Class C (minor) = timetable to be determined by management, in consultation with health and safety representative or committee.

The hierarchy in which controls should be considered are:

- Elimination (stop what's creating the hazard)
- Substitution (replace with something less likely to harm/damage)
- Isolation (separate what can be harmed/damaged from the hazard)
- Engineering (change the way of doing what is creating the hazard)
- Administrative (reduce exposure to the hazard)
- Personal Protective Equipment (last line of defense)

6.0 Project Team Responsibilities:

1. Project Superintendents, Management and Site Supervision shall ensure that each job task has been assessed and the potential hazards observed and addressed as required.
2. Project Superintendents, Management and Site Supervision shall ensure that all workers are adequately informed of the potential hazards to which the worker may be exposed. This shall be addressed through Weekly Safety Meetings and Daily Hazard Assessment reviews.
3. Project Superintendents, Management and Supervision shall ensure that all measures and procedures required in the OH&S Act & Regulations are carried out at the project.

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7.0 Health and Safety Team Responsibilities:

1. Ensure this policy and procedure is implemented at the project.
2. Provide necessary formal training programs to all personnel working at the workplace.
3. Ensure Weekly Safety Meetings are held to address the requirements of the OH&S Act & Regulations relating to the potential hazards to which the worker may be exposed.

Note: Please refer to our Site Specific Hazard Assessment for further details.

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Hazards Inventory and Risk Evaluation of the Quesnell/Whitemud Bridge

Job/Task	Hazard(s)	(Prob)	Consequence	(Prob)	Exposure	(Prob)	Risk (H*C*E)
Pneumatic Hammer							
	1. Hand-arm vibration exposure	4	Carpel Tunnel	3	Daily	10	12.0%
	2. Exposures to dust particles	9	Lung Disease	4	Daily	10	36.0%
	3. Flying debris	9	Hit or Struck by	3	Daily	10	27.0%
	4. Noise	10	Ear Injury	5	Daily	10	50.0%
Controls:	Workers shall be provided with adequate personal protective equipment such as but not limited to head, hand, respiratory, foot, skin and eye protection. Workers shall be informed of the job process through the Site Specific Orientation Program, Toolbox Meetings and Daily Hazard Assessments.						
Hazard Rating:	B						
Quick Cut							
	1. Hand-arm vibration exposure	4	Carpel Tunnel	2	Daily	8	6.4%
	2. Exposures to dust particles	8	Lung Disease	4	Daily	8	25.6%
	3. Flying debris	8	Hit or Struck by	3	Daily	8	19.2%
	4. Noise	10	Ear Injury	3	Daily	8	24.0%
	5. Risk of laceration	5	Laceration	4	Daily	8	16.0%
	6. Entanglement	4	Laceration/Strains	4	Daily	8	12.8%
	7. Fire from refueling and sparks	4	Burns	6	Daily	8	19.2%
Controls:	Workers shall be provided with adequate personal protective equipment such as but not limited to head, hand, respiratory, foot, skin and eye protection. Workers shall be informed of the job process through the Site Specific Orientation Program, Toolbox Meetings and Daily Hazard Assessments. Of note the operator shall be instructed to take periodic rest periods to limit the exposure of hand and arm vibration.						
Hazard Rating:	C						

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Hazards Inventory and Risk Evaluation of the Quesnell/Whitemud Bridge

Job/Task	Hazard(s)	(Prob)	Consequence	(Prob)	Exposure	(Prob)	Risk (H*C*E)
Excavation/Road Building							
	1. Cave-ins	6	Serious/Fatality	7	Occasional	6	25.2%
	2. Overhead/Underground Utilities	10	Death/Fatality	10	Occasional	6	60.0%
	3. Material Handling	6	Disabling Injury	4	Occasional	6	14.4%
	4. Hit or Struck by	7	Serious/Fatality	7	Occasional	6	29.4%

Controls: Site specific procedures shall be developed to control excavation operations at the source. All machine operators shall be adequately trained to operate excavation equipment. Workers shall be provided with adequate personal protective equipment such as but not limited to head, hand, foot, skin and eye protection. Workers shall be informed of the job process through the Site Specific Orientation Program, Toolbox Talks and Daily Hazard Assessments.

Hazard Rating: C

Sandblasting							
	1. Noise	9	Ear Injury	6	Frequently/Daily	8	43.2%
	2. Dust Exposure	9	Lung Disease	4	Frequently/Daily	8	28.8%
	3. Flying Particles	9	Hit or Struck by	2	Frequently/Daily	8	14.4%

Controls: Workers shall be provided with adequate personal protective equipment such as but not limited to head, hand, respiratory, foot, skin and eye protection. Workers shall be informed of the job process through the Site Specific Orientation Program, Toolbox Talks and Daily Hazard Assessments. Only workers adequately trained in sandblasting operations shall be permitted to perform this task.

Hazard Rating: C

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Hazards Inventory and Risk Evaluation of the Quesnell/Whitemud Bridge

Job/Task	Hazard(s)	(Prob)	Consequence	(Prob)	Exposure	(Prob)	Risk (H*C*E)
Reinforcing Steel							
	1. Repetitive-strain injuries	4	Disabling Injury	6	Frequently/Daily	8	19.2%
	2. Musculoskeletal injuries (MSIs)	5	Disabling Injury	4	Frequently/Daily	8	16.0%
	3. Heavy manual lifting	6	Disabling Injury	4	Frequently/Daily	8	19.2%
Controls:	Workers shall be provided with adequate personal protective equipment such as but not limited to head, hand, respiratory, foot, skin and eye protection. Workers shall be informed of the proper material handling procedures to follow.						
Hazard Rating:	C						
Hand Held Power Tools							
	1. Hand-arm vibration exposure	5	Disabling Injury	4	Daily	10	20.0%
	2. Muscle Strains	5	Disabling Injury	4	Daily	10	20.0%
	3. Lacerations	5	Disabling Injury	4	Daily	8	16.0%
	4. Struck by	5	Disabling Injury	4	Daily	8	16.0%
	5. Eye Injury	5	Disabling Injury	4	Daily	8	16.0%
Controls:	Procedures shall be developed to control the work process at the source. Equipment shall be maintained in a condition that does not endanger a worker. Workers shall be provided with adequate personal protective equipment such as but not limited to head, hand, foot, skin and eye protection. Workers shall be informed of the job process through the Site Specific Orientation Program, Toolbox Talks and Daily Hazard Assessments.						
Hazard Rating:	C						

Hazards Inventory and Risk Evaluation of the Quesnell/Whitemud Bridge

Job/Task	Hazard(s)	(Prob)	Consequence	(Prob)	Exposure	(Prob)	Risk (H*C*E)
Concrete Forming Operations							
	1. Falls	8	Serious Injury	7	Frequently	8	44.8%
	2. Muscle Strains	6	Disabling Injury	5	Frequently	8	24.0%
	3. Material Handling	6	Disabling Injury	5	Frequently	8	24.0%
	4. Struck By	6	Disabling Injury	5	Frequently	8	24.0%
	5. Struck Against	6	Serious Injury	6	Frequently	8	28.8%
	6. Electrial Contact	7	Serious/Fatality	7	Frequently	8	39.2%
	7. Collapses	6	Serious/Fatality	7	Frequently	8	33.6%
Controls:	Workers shall be provided with adequate personal protective equipment such as but not limited to head, hand, respiratory, foot, skin and eye protection. Workers shall be informed of the job process through the Site Specific Orientation Program, Toolbox Talks and Daily Hazard Assessments. Only workers adequately trained in sandblasting operations shall be permitted to perform this task.						
Hazard Rating:	B						
Pumps							
	1. Hose and Pipe Failure	4	Serious Injury	7	Frequently/Daily	8	22.4%
	2. Fall Hazard	8	Disabling Injury	4	Frequently/Daily	8	25.6%
	3. Hit or Struck by	5	Serious Injury	6	Frequently/Daily	8	24.0%
Controls:	Workers shall be provided with adequate personal protective equipment such as but not limited to head, hand, respiratory, foot, skin and eye protection. Workers shall be informed of the job process through the Site Specific Orientation Program, Toolbox Talks and Daily Hazard Assessments.						
Hazard Rating:	C						

Hazards Inventory and Risk Evaluation of the Quesnell/Whitemud Bridge

Job/Task	Hazard(s)	(Prob)	Consequence	(Prob)	Exposure	(Prob)	Risk (H*C*E)
Stripping							
	1. Falls	8	Serious Injury	7	Continuous Daily	10	56.0%
	2. Muscle Strains	6	Disabling Injury	5	Continuous Daily	10	30.0%
	3. Material Handling	7	50/50 Chance	5	Continuous Daily	10	35.0%
	4. Hit or Stuck by	7	Disabling Injury	5	Continuous Daily	10	35.0%
	5. Falling Materials	7	Serious Injury	6	Continuous Daily	10	42.0%
	6. Crushed by	5	Disabling Injury	4	Continuous Daily	10	20.0%
	7. Lacerations/Bruises	6	Disabling Injury	4	Continuous Daily	10	24.0%
	8. Overexertion	7	50/50 Chance	5	Frequently	10	35.0%

Controls: Workers shall be provided with adequate personal protective equipment such as but not limited to head, hand, respiratory, foot, skin and eye protection. Workers shall be informed of the job process through the Site Specific Orientation Program, Toolbox Talks and Daily Hazard Assessments.

Hazard Rating: B

Heavy Lifting with Cranes							
	1. Falls	8	Serious Injury	7	Frequently	8	44.8%
	2. Muscle Strains/Cuts/Bruises	4	Minor	5	50/50 Chance	5	10.0%
	3. Mechanical Failure	7	Serious/Fatality	7	Occasional	6	29.4%
	4. Hit or Crushed by	8	Serious Injury	7	Occasional	6	33.6%
	5. Falling Materials	8	Serious Injury	7	Frequently	8	44.8%
	6. Entanglement of clothing	5	Disabling Injury	4	Occasional	6	12.0%
	7. Electrical Contact	8	Serious/Fatality	7	Frequently	8	44.8%
	8. Weather (lightning storm)	2	Nerves/Close call	2	Remotely Possible	2	0.8%
	9. Noise & Vibration	8	Disabling Injury	3	Rare	3	7.2%

Controls: Workers shall be provided with adequate personal protective equipment such as but not limited to head, hand, respiratory, foot, skin and eye protection. Workers shall be informed of the job process through the Site Specific Orientation Program, Toolbox Talks and Daily Hazard Assessments. Only workers adequately trained in Hoisting Operations shall be permitted to perform this task. Only Certified Crane Operators will be used to operate a Crane as per Alberta Legislation.

Hazard Rating: B

Hazards Inventory and Risk Evaluation of the Quesnell/Whitemud Bridge

Job/Task	Hazard(s)	(Prob)	Consequence	(Prob)	Exposure	(Prob)	Risk (H*C*E)
Scaffolds/Stair Tower							
	1. Falls	8	Serious Injury	7	Frequently	8	44.8%
	2. Tipping/Collapse	6	Serious Injury	7	Frequently	8	33.6%
	3. Climbing up or Down	5	Serious Injury	6	Frequently	6	18.0%
	4. Planks sliding or breaking	6	Serious Injury	6	Frequently	8	28.8%
	5. Improper Loading	6	Serious Injury	7	Frequently	8	33.6%
	6. Platform not fully planked	6	Serious Injury	7	Occasional	5	21.0%
	7. Improper Guardrails	5	Serious/Fatality	7	Usual	4	14.0%
	8. Missing Components	6	Serious Injury	7	Occasional	5	21.0%
	9. Electrical Hazards	7	Serious Injury	7	50/50 Chance	5	24.5%
	10. Moving Rolling Scaffold	5	Serious Injury	7	50/50 Chance	5	17.5%

Controls: Workers shall be provided with adequate personal protective equipment such as but not limited to head, hand, respiratory, foot, skin and eye protection. Workers shall be informed of the job process through the Site Specific Orientation Program, Toolbox Talks and Daily Hazard Assessments. Only workers adequately trained in Scaffold Erection operations shall be permitted to perform this task.

Hazard Rating: C

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Hazards Inventory and Risk Evaluation of the Quesnell/Whitemud Bridge

Job/Task	Hazard(s)	(Prob)	Consequence	(Prob)	Exposure	(Prob)	Risk (H*C*E)
Zoom Boom//Skidsteer/Backhoe							
	1. Machine tipping or overturning	4	Serious	7	Continuous	10	28.0%
	2. Overriding safety features	3	Serious	7	Continuous	10	21.0%
	3. Electrical Contact	6	Fatality	8	Continuous	10	48.0%
	4. Makeshift extensions	3	Fatality	8	Continuous	10	24.0%
	5. Overloading	7	Fatality	8	Continuous	10	56.0%
	6. Failure to cordon off	6	Fatality	8	Continuous	10	48.0%
	7. Accidental contact	7	Serious	6	Occasional	6	25.2%
	8. Improper maintenance	3	Disabling Injury	4	Usual	4	4.8%
	9. Improper maintenance procedures	6	Serious	6	Frequently	8	28.8%
	10. Improper access	7	Serious	6	Occasional	6	25.2%
	11. Moving while load raised	6	Serious/Fatality	7	Occasional	6	25.2%
	12. Improper refueling	6	Serious	6	Occasional	6	21.6%
	13. Pinch point	6	Serious	6	Occasional	6	21.6%

Controls: Workers shall be provided with adequate personal protective equipment such as but not limited to head, hand, respiratory, foot, skin and eye protection. Workers shall be informed of the job process through the Site Specific Orientation Program, Toolbox Talks and Daily Hazard Assessments. Only workers adequately trained in the operation of Skidsteers, Backhoes and Zoom Booms shall be permitted to perform this task.

Hazard Rating: B

"E" (PSSP)

Hazards Inventory and Risk Evaluation of the Quesnell/Whitemud Bridge

Job/Task	Hazard(s)	(Prob)	Consequence	(Prob)	Exposure	(Prob)	Risk (H*C*E)
Elevated Work Platforms							
	1. Machine tipping or overturning	4	Serious	7	Continuous	10	28.0%
	2. Overriding safety features	3	Serious	7	Continuous	10	21.0%
	3. Electrical Contact	6	Fatality	8	Continuous	10	48.0%
	4. Makeshift extensions	3	Fatality	8	Continuous	10	24.0%
	5. Overloading platform	7	Fatality	8	Continuous	10	56.0%
	6. Failure to cordon off	6	Fatality	8	Continuous	10	48.0%
	7. Accidental contact	7	Serious	6	Occasional	6	25.2%
	8. Improper maintenance	3	Disabling Injury	4	Usual	4	4.8%
	9. Improper maintenance procedures	6	Serious	6	Frequently	8	28.8%
	10. Improper access	7	Serious	6	Occasional	6	25.2%
	11. Moving while platform raised	6	Serious/Fatality	7	Occasional	6	25.2%
	12. Improper refueling	6	Serious	6	Occasional	6	21.6%
	13. Pinch point	6	Serious	6	Occasional	6	21.6%

Controls: Workers shall be provided with adequate personal protective equipment such as but not limited to head, hand, respiratory, foot, skin and eye protection. Workers shall be informed of the job process through the Site Specific Orientation Program, Toolbox Talks and Daily Hazard Assessments. Only workers adequately trained in the operation of any Elevating Work Platform shall be permitted to perform this task. All workers on the EWP shall wear a Fall Protection system while the machine is moving.

Hazard Rating: B

Hazards Inventory and Risk Evaluation of the Quesnell/Whitemud Bridge

Job/Task	Hazard(s)	(Prob)	Consequence	(Prob)	Exposure	(Prob)	Risk (H*C*E)
Vehicle Operations							

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Job/Task	Hazard(s)	(Prob)	Consequence	(Prob)	Exposure	(Prob)	Risk (H*C*E)
	1. Other roadway traffic	10	Catastrophic	10	Continuous	10	100.0%
	2. Seatbelt malfunction	3	Serious Injury	6	Continuous	10	18.0%
	3. Low fluid levels	5	Serious/Fatality	7	Continuous	10	35.0%
	4. Improper tire pressure	6	Serious/Fatality	7	Continuous	10	42.0%
	5. Lighting system malfunction	3	Serious Injury	6	Continuous	10	18.0%
	6. Mechanical Failure	6	Serious/Fatality	7	Continuous	10	42.0%
	7. Poor Visibility	6	Serious/Fatality	7	Continuous	10	42.0%
	8. Fatigue/Stress	5	Serious/Fatality	7	Continuous	10	35.0%
	9. Failure to follow traffic laws	6	Serious/Fatality	7	Continuous	10	42.0%
	10. Improper Load	6	Serious/Fatality	7	Continuous	10	42.0%
	11. Electrical Contact	3	Disabling Injury	4	Rare	3	3.6%
	12. Emergency equipment availability	3	Serious	6	Usual	4	7.2%

Controls:

Prior to operating any motor vehicle the operator shall review the safe operating procedures and complete a circle check of the vehicle to ensure its road worthiness. Workers shall be informed of vehicle operating procedures through the Site Specific Orientation Program, Toolbox Talks and Daily Hazard Assessments.

Hazard Rating:

A

Compressors/Generators

"E" (PSSP)

Hazards Inventory and Risk Evaluation of the Quesnell/Whitemud Bridge

Job/Task	Hazard(s)	(Prob)	Consequence	(Prob)	Exposure	(Prob)	Risk (H*C*E)
	1. Hoses not secured	6	Disabling Injury	6	Frequently	8	28.8%
	2. Overriding safety features	6	Disabling Injury	6	Unusual	4	14.4%
	3. Electrical Contact		Serious		Frequently		0.0%
	4. Makeshift extensions		Minor Injury		Rare		0.0%
	5. Overloading		Serious Injury		Unusual		0.0%
	6. Failure to cordon off		Serious Injury		Unusual		0.0%
	7. Accidental contact		Disabling/Serious		Frequently		0.0%
	8. Improper maintenance		Disabling/Serious		Frequently		0.0%
	9. Improper Support of Compressor		Disabling Injury		Frequently		0.0%
	11. Mechanical Failure		Disabling/Serious		Occasional		0.0%
	12. Improper refueling		Disabling Injury		Unusual		0.0%

Controls:

Workers shall be provided with adequate personal protective equipment such as but not limited to head, hand, respiratory, foot, skin and eye protection. Workers shall be informed of the job process through the Site Specific Orientation Program, Toolbox Talks and Daily Hazard Assessments.

Hazard Rating:

C

Welding and Steel Erection Operations

Hazards Inventory and Risk Evaluation of the Quesnell/Whitemud Bridge

Job/Task	Hazard(s)	(Prob)	Consequence	(Prob)	Exposure	(Prob)	Risk (H*C*E)
	1. Poor air quality	8	Serious Injury	6	Frequently	8	38.4%
	2. Chemical exposures	9	Serious Injury	6	Continuous	10	54.0%
	3. Fire Hazard	8	Serious Injury	6	Frequently	8	38.4%
	4. Welding Flash	8	Disabling Injury	4	Frequently	8	25.6%
	5. Noise	6	Disabling Injury	4	Frequently	8	19.2%
	6. Respiratory Disease	8	Serious Injury	6	Continuous	10	48.0%
	7. Elevated Work	5	Serious/Fatality	7	Occasional	6	21.0%
	8. Equipment Failure	5	Disabling Injury	4	Frequently	8	16.0%
	9. Electrical Contact	7	Serious Injury	7	Continuous	10	49.0%

Controls:

Workers shall be provided with adequate personal protective equipment such as but not limited to head, hand, respiratory, foot, skin and eye protection. Workers shall be adequately trained on proper procedures to follow for welding operations. Workers shall be informed of the job process through the Site Specific Orientation Program, Toolbox Talks and Daily Hazard Assessments.

Hazard Rating:

B

Waterway Operations

	1. Risk of drowning	3	Catastrophic	10	Occasional	6	18.0%
	2. Unstable barge or work platform	6	Serious Injury	6	Unusual	4	14.4%
	3. Fall	6	Serious/Fatality	7	Occasional	6	25.2%
	4. Electrical	6	Serious/Fatality	7	Occasional	6	25.2%
	5. Weather	7	Serious Injury	6	S0/S0 Chance	5	21.0%
	6. Waterway traffic	6	Disabling/Serious	5	Never Before	3	9.0%
	7. Access/Egress	5	Disabling	4	Never Before	3	6.0%

Controls:

Workers shall be provided with adequate personal protective equipment such as but not limited to head, hand, respiratory, foot, skin and eye protection. Workers shall be adequately trained on proper procedures to follow for waterway operations. Workers shall also be made aware of the procedures through the Site Specific Orientation Program, Toolbox Talks and Daily Hazard Assessments.

Hazard Rating:

C

NOTE: ADDITIONAL ASSESSMENTS MAY BE REQUIRED UPON INTRODUCTION OF ANY UNEXPECTED WORK PROCESS.

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SECTION – 4(A)

EXCAVATION
&
TRENCHING SAFETY

FORMER GM
ONTARIO STREET
PLANT DEMOLITION

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PREFACE

This program was developed to protect employees from safety hazards that may be encountered during work in trenches and excavations. This program is intended to assure that:

- The responsibilities of the Supervisor and workers are clearly detailed; and,
- All persons involved in excavation and trenching work have received appropriate training in the safe work practices that must be followed during this work.

This program includes provisions for employee training, hazard identification and control, and work practices that must be followed while constructing or working in or around an excavation or trench. The designated Supervisor is required to assure that:

- The procedures described in this program are followed;
- Employees entering excavations or trenches are properly trained and equipped to perform their duties safely; and,
- All required inspections, tests, and recordkeeping functions have been performed.

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EXCAVATION AND TRENCHING SAFETY PROGRAM

1.0 INTRODUCTION

A. The purpose of the Excavation and Trenching Safety Program is to put in place work practices and procedures that will protect employees from hazards that may be found in or around excavations or trenches. This objective is met by:

1. Training the Supervisor so they understand their duties and responsibilities.

2. Requiring that each Supervisor assure that all persons working in excavations have been provided adequate training as required by this program.

1.1 Who Should Participate

A. All employees that work in or around excavations must comply with the requirements of this program.

B. Other key participants include:

1. Subcontractors
2. Site Visitors

1.2 Safety Department

A. The Safety Department will:

1. Monitor the overall effectiveness of the program;

2. Assist with atmospheric testing and equipment selection as needed;

3. Provide training for designated Supervisors;

4. Assist the Supervisors with training of other employees;

5. Provide technical assistance to the departments as needed; and,
6. Review and update the program on an annual basis as necessary.

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2.0 DEFINITIONS

Accepted engineering practices means the standards of practice required by a registered professional engineer.

Aluminum Hydraulic Shoring means a manufactured shoring system consisting of aluminum hydraulic cylinders (crossbraces) used with vertical rails (uprights) or horizontal rails (wales). Such system is designed to support the sidewalls of an excavation and prevent cave-ins.

Bell-bottom pier hole means a type of shaft or footing excavation, the bottom of which is made larger than the cross section above to form a belled shape.

Benching (Benching system) is a method of protecting employees from cave-ins by excavating the sides of an excavation to form one or more horizontal steps, usually with vertical or near-vertical surfaces between levels.

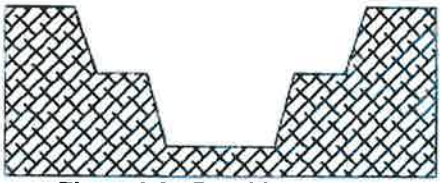

Figure 1.0 - Benching System

Cave-in means the movement of soil or rock into an excavation, or the loss of soil from under a trench shield or support system, in amounts large enough to trap, bury, or injure and immobilize a person.

Competent person means one who has been trained to identify hazards in the workplace, or working conditions that are unsafe for employees, and who has the authority to have these hazards corrected. The Supervisor serves as the project's competent person for the purposes of this program. The Supervisor will conduct or oversee all required tests and inspections as detailed in this program, and ensure that employees working in excavations have been trained and are following the requirements of this program.

Cross braces mean the horizontal members of a shoring system installed from side to side of the excavation. The cross braces bear against either uprights or wales.

Excavation means any man-made cut, cavity, trench, or depression in an earth surface formed by earth removal.

Faces or sides mean the vertical or inclined earth surfaces formed as a result of excavation work.

Failure means the movement or damage of a structural member or connection that makes it unable to support loads.

Hazardous atmosphere means an atmosphere that is explosive, flammable, poisonous, corrosive, oxidizing, irritating, oxygen deficient, toxic, or otherwise harmful that may cause death, illness, or injury.

Kickout means the accidental movement or failure of a cross brace.

Protective system means a method of protecting employees from cave-ins, from material that could fall or roll from an excavation face into an excavation, or from the collapse of adjacent structures. Protective

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systems include support systems, sloping and benching systems, shield systems, and other systems that provide the necessary protection.

Ramp means an inclined walking or working surface that is used to gain access to one point from another. A ramp may be constructed from earth or from structural materials such as steel or wood.

Registered Professional Engineer means a person who is registered as a professional engineer in the applicable state.

Safety Department means the team responsible for developing and implementing this program, conducting unannounced work site inspections, and ensuring that the projects comply with the program requirements.

Sheeting means the members of a shoring system that retain the earth in position and in turn are supported by other members of the shoring system.

Shield (Shield system) means a structure used in an excavation to withstand cave-ins and which will protect employees working within the shield system. Shields can be permanent structures or portable units moved along as work progresses. Shields used in trenches are usually referred to as **"trench boxes"** or **"trench shields."**

Shoring (Shoring system) means a structure that is built or put in place to support the sides of an excavation to prevent cave-ins.

Sides. See "Faces."

Sloping (Sloping system) means sloping the sides of the excavation away from the excavation to protect employees from cave-ins. The required slope will vary with soil type, weather, and surface or near surface loads that may affect the soil in the area of the trench (such as adjacent buildings, vehicles near the edge of the trench and so forth).

Stable rock means natural solid mineral material that can be excavated with vertical sides that will remain intact while exposed.

Structural ramp means a ramp built of steel or wood usually used for vehicle access. Ramps made of soil or rock are not considered structural ramps.

Support system means a structure such as underpinning, bracing, or shoring, which provides support to an adjacent structure, underground installation, or the sides of an excavation.

Tabulated data means tables and charts approved by a registered professional engineer and used to design and construct a protective system.

Trench (Trench excavation) means a narrow excavation (in relation to its length) made below the surface of the ground.

Trench box or shield. See "Shield".

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Uprights mean the vertical members of a trench shoring system placed in contact with the earth and usually positioned so that individual members do not contact each other. Uprights placed so that individual members are closely spaced, in contact with or interconnected to each other, are often called "sheeting."

Wales are horizontal members of a shoring system placed in the direction of the excavation face whose sides bear against the vertical members of the shoring system or earth (the uprights or sheeting).

3.0 PROGRAM ELEMENTS

3.1 Training and Duties of Program Participants

A. All personnel involved in trenching or excavation work shall be trained in the requirements of this program. The Supervisor shall train employees with assistance from the Safety Department.

B. Training shall be performed **before** the employee is assigned duties in excavations.

C. Retraining will be performed whenever work site inspections conducted by the Supervisor or Safety Department indicate that an employee does not have the necessary knowledge or skills to safely work in or around excavations.

D. Training records will be maintained by the Supervisor and will be provided to the health and Safety Team Lead. These records shall include the date(s) of the training program, the instructor(s) of the training program, a copy of the written material presented, and the names of the employee(s) to whom the training was given.

3.2 Training and Duties of Workers

All personnel that perform work in excavations shall comply with the requirements of this program. These personnel shall receive appropriate training that shall include, at a minimum:

A. The work practices that must be followed during excavating or working in excavations;

B. The use of personal protective equipment that will typically be required during work in excavations, including but not limited to safety shoes, hardhats, and fall protection devices;

C. Procedures to be followed if a hazardous atmosphere exists or could reasonably be expected to develop during work in an excavation; and,

D. Emergency and non-entry rescue methods, and procedure for calling rescue services.

3.3 Training and Duties of the Supervisor

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The Supervisor shall receive the training detailed above and shall, in addition, receive training on the requirements detailed in Section 4.0 and 5.0. The Supervisor shall:

A. Coordinate and actively participate in the training of project employees. A copy of the training records shall be maintained by the Supervisor, and shall be provided to the Health and Safety Team Lead;

B. Ensure on a daily basis, or more often as detailed in this program, that work site conditions are safe for employees to work in excavations;

C. Determine the means of protection (sloping back the sides of the excavation, use of trench shields, or shoring) that will be used for each excavation project; and,

D. Ensure, if required, that the design of a protective system has been completed and approved by a Registered Professional Engineer before work is begun in the excavation.

3.4 Subcontractor Awareness, Duties and Responsibilities

A. Any subcontractor that is performing excavation work on the project shall coordinate trenching and excavation work with the Supervisor to assure the coordination of the work and shutdown of utilities if necessary.

4.0 SPECIFIC EXCAVATION REQUIREMENTS

4.1 Utilities and Pre-work Site Inspection. Prior to excavation the site shall be thoroughly inspected by the Supervisor to determine if special safety measures must be taken.

A. **Surface encumbrances.** All equipment, materials, supplies, permanent installations (for example, buildings or roadways), trees, brush, boulders and other objects at the surface that could present a hazard to employees working in the excavation shall be removed or supported as necessary to protect employees.

B. **Underground installations.**

1. The location of sewers, telephone, fuel, electric, water lines, or any other underground installations that may be encountered during excavation work shall be determined and marked prior to opening an excavation. The Supervisor shall make arrangements as necessary with the appropriate utility agency for the protection, removal, shutdown, or relocation of underground installations.

2. Excavation shall be done in a manner that does not endanger the underground installations or the employees engaged in the work. Barricades, shoring, suspension or other means as necessary to protect employees, shall protect utilities left in place.

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4.2 Protection of the Public

Barricades, walkways, lighting and posting shall be provided as necessary for the protection of the public prior to the start of excavation operations.

A. Guardrails, fences, or barricades shall be provided on excavations adjacent to walkways, driveways and other pedestrian or vehicle thoroughfares.

B. Wells, holes, pits, shafts and all similar hazardous excavations shall be effectively barricaded or covered and posted as necessary to prevent unauthorized access. All temporary excavations of this type shall be backfilled as soon as possible.

C. Walkways or bridges protected by standard guardrails shall be provided where employees and the general public are permitted to cross over excavations. Where workers in the excavation may pass under these walkways or bridges, a standard guardrail and toeboard shall be used. Information on the requirements for guardrails and toeboards may be obtained by contacting the Safety Department.

4.3 Protection of Workers in Excavations

A. **Access and means of egress.** Stairs, ladders or ramps shall be provided where employees are required to enter trench excavations as per Provincial Occupational Health and Safety Legislation.

1. **Structural ramps.**

a) Structural ramps used solely by employees, as a means of access or a competent person shall design egress from excavations. Structural ramps used for access or egress of equipment shall be designed by a person qualified in structural design, and shall be constructed in accordance with the design.

b) Ramps and runways constructed of two or more structural members shall have the structural members connected together to prevent movement or displacement.

c) Structural members used for ramps and runways shall be of uniform thickness.

d) Cleats or other appropriate means used to connect runway structural members shall be attached to the bottom of the runway or shall be attached in a manner to prevent tripping.

e) Structural ramps used in place of steps shall be provided with cleats or other surface treatments on the top surface to prevent slipping.

2. **Ladders.**

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a) When portable ladders are used, the ladder side rails shall extend a minimum of 1 meter above the upper surface of the excavation.

b) Ladders shall have nonconductive side rails if work will be performed near exposed energized equipment or systems.

c) Ladders will be inspected prior to use for signs of damage or defects. Damaged ladders will be removed from service and marked with "Do Not Use" until repaired.

d) Ladders shall be used only on stable and level surfaces unless secured. Ladders placed in any location where they can be displaced by workplace activities or traffic shall be secured, or barricades shall be used to keep these activities away from the ladder.

e) Employees shall not be allowed to carry any object or load while on the ladder that could cause them to lose their balance and fall.

A. **Exposure to vehicular traffic.** Employees exposed to vehicular traffic shall be provided with, and shall wear, warning vests or other suitable garments marked with or made of reflectorized or high-visibility material. Personal protective equipment worn by flagmen shall be according to Provincial OH&S Legislation.

B. **Employee exposure to falling loads.** No employee shall be permitted underneath loads handled by lifting or digging equipment. Employees shall be required to stand away from any vehicle being loaded or unloaded to avoid being struck by any spillage or falling materials. Operators may remain in the cabs of vehicles being loaded or unloaded when the vehicles provide adequate protection for the operator during loading and unloading operations.

C. **Warning system for mobile equipment.** A warning system shall be used when mobile equipment is operated adjacent to the edge of an excavation if the operator does not have a clear and direct view of the edge of the excavation. The warning system shall consist of barricades, hand or mechanical signals, or stop logs.

D. **Hazardous atmospheres.** The Supervisor will test or coordinate testing of the atmosphere in excavations according to Provincial Occupational Health and Safety Legislation. A hazardous atmosphere could be expected, for example, in excavations in landfill areas, in excavations in areas where hazardous substances are stored nearby, or in excavations near or containing gas pipelines. Proper Confined Space protocol shall be followed.

E. **Personal Protective Equipment.**

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1. All employees working in trenches or excavations shall wear approved hardhats and steel toed shoes or boots. (See PPE section of National Structures Health and Safety Program)

2. Employees exposed to flying fragments, dust, or other materials produced by drilling, sawing, sanding, grinding and similar operations shall wear approved safety glasses with side shields.

3. Employees exposed to hazards produced by, or performing, welding, cutting, or brazing operations shall wear, as determined by the Supervisor, approved spectacles or a welding faceshield or helmet.

4. Employees shall wear, as determined by the Supervisor, approved gloves or other suitable hand protection.

5. Employees using, or working in the immediate vicinity of, hammer drills, masonry saws, jackhammers or similar high noise producing equipment shall wear suitable hearing protection.

F. **Walkways and guardrails.** Walkways shall be provided where employees or equipment are permitted to cross over excavations. Guardrails shall be provided where walkways, accessible only to on-site project personnel, are 1.2 meters or more above lower levels.

G. **Protection from hazards associated with water accumulation.**

1. Employees shall not work in excavations that contain or are accumulating water unless precautions have been taken to protect employees against the hazards posed by water accumulation. The precautions taken could include, for example, special support or shield systems to protect from cave-ins, water removal to control the level of accumulating water, or use of safety harnesses and lifelines.

2. If water is controlled or prevented from accumulating by the use of water removal equipment, the water removal equipment and operation shall be monitored by a person trained in the use of the equipment.

3. If excavation work interrupts the natural drainage of surface water (such as streams), diversion ditches, dikes, or other suitable means shall be used to prevent surface water from entering the excavation. Precautions shall also be taken to provide adequate drainage of the area adjacent to the excavation. Excavations subject to runoff from heavy rains shall be reinspected by the Supervisor to determine if additional precautions should be taken. This shall be done in conjunction with the Safety Department.

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4. The Supervisor shall inform workers of the precautions or procedures that are to be followed if water accumulates or is accumulating in an excavation.

H. **Stability of adjacent structures.** The Supervisor will determine if the excavation work could affect the stability of adjoining buildings, walls, sidewalks or other structures.

1. Support systems (such as shoring, bracing, or underpinning) shall be used to assure the stability of structures and the protection of employees where excavation operations could affect the stability of adjoining buildings, walls, or other structures.

2. Excavation below the level of the base or footing of any foundation or retaining wall that could be reasonably expected to pose a hazard to employees shall not be permitted except when:

   a) A support system, such as underpinning, is provided to ensure the safety of employees and the stability of the structure; or

   b) The excavation is in stable rock; or

   c) A registered professional engineer has approved the determination that the structure is sufficiently removed from the excavation so as to be unaffected by the excavation activity; or

   d) A registered professional engineer has approved the determination that such excavation work will not pose a hazard to employees.

3. Sidewalks, pavements and appurtenant structures shall not be undermined unless a support system or other method of protection is provided to protect employees from the possible collapse of such structures.

4. Where review or approval of a support system by a registered professional engineer is required, the project team shall secure this review and approval in writing before the work is begun. A copy of this approval shall be provided to the Safety Department.

I. **Protection of employees from falling objects and loose rocks or soil.**

1. Adequate protection shall be provided to protect employees from loose rock or soil that could pose a hazard by falling or rolling from an excavation face. Such protection shall consist of:

   a) Scaling to remove loose material;

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b) Installation of protective barricades, such as wire mesh or timber, at appropriate intervals on the face of the slope to stop and contain falling material; or

c) Benching sufficient to contain falling material.

2. Excavation personnel shall not be permitted to work above one another where the danger of falling rock or earth exists.

3. Employees shall be protected from excavated materials, equipment or other materials that could pose a hazard by falling or rolling into excavations.

4.4 Inspection by the Supervisor

A. The Supervisor shall conduct daily inspections of excavations, adjacent areas, and protective systems for evidence of a situation that could result in possible cave-ins, failure of protective systems, hazardous atmospheres, or other hazardous conditions. An inspection shall be conducted by the Supervisor prior to the start of work and as needed throughout the shift. Inspections shall also be made after every rainstorm or other hazard-increasing occurrence. These inspections are only required when the trench will be or is occupied by employees.

B. Where the competent person finds evidence of a situation that could result in a possible cave-in, failure of protective systems, hazardous atmosphere, or other hazardous conditions, exposed employees shall be removed from the hazardous area until precautions have been taken to assure their safety.

C. The Supervisor shall maintain a written log of all inspections conducted. This log shall include the date, work site location, results of the inspection, and a summary of any action taken to correct existing hazards.

5.0 REQUIREMENTS FOR PROTECTIVE SYSTEMS.

5.1 Protection of employees in excavations.

A. Employees in an excavation shall be protected from cave-ins by using either an adequate sloping or benching system or an adequate support or protective system.

B. Protective systems shall be capable of resisting all loads that could reasonably be expected to be applied to the system.

5.2 Design of sloping and benching systems. The slope and configuration of sloping and benching systems shall be selected as to conform to the Provincial Occupational Health and Safety Legislation.

A. **Designs using tabulated data.**

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1. The design of sloping or benching systems may be selected from, and shall be constructed in accordance with tabulated data, such as tables and charts. The tabulated data used must be in written form and include all of the following:
   a) Identification of the factors that affect the selection of a sloping or benching system;
   b) Identification of the limits of use of the data, including the maximum height and the angle of the slopes determined to be safe;
   c) Other information needed by the user to make correct selection of a protective system.
2. One copy of the tabulated data that identifies the registered professional engineer who approved the data shall be maintained at the job site during construction of the protective system. After that time the data may be stored off the job site, but a copy of the data shall be made available to the Health and Safety Team Lead upon request.

B. **Design by a registered professional engineer**: Sloping and benching systems not utilizing Option 1, or Option 2 under Section 5.2 shall be approved by a registered professional engineer.

1. Designs shall be in written form and shall include at least the following:
   a) The maximum height and angle of the slopes that were determined to be safe for the particular project;
   b) The identity of the registered professional engineer approving the design.
2. At least one copy of the design shall be maintained at the job site while the slope is being constructed. After that time the design need not be at the job site, but a copy shall be made available to the Safety Department upon request.

5.3 **Design of support systems, shield systems, and other protective systems.** The design of support systems, shield systems, and other protective systems shall be selected and constructed in accordance with the legislative requirements:

A. **Designs using manufacturer's tabulated data.**

1. Support systems, shield systems, or other protective systems drawn from manufacturer's tabulated data shall be constructed and used in accordance with all specifications, recommendations, and limitations issued or made by the manufacturer.

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2. Deviation from the specifications, recommendations, and limitations issued or made by the manufacturer shall only be allowed after the manufacturer issues specific written approval.

3. Manufacturer's specifications, recommendations, and limitations, and manufacturer's approval to deviate from the specifications, recommendations, and limitations shall be kept in written form at the job site during construction of the protective system. After that time this data may be stored off the job site, but a copy shall be made available to the Safety Department upon request.

B. **Designs using other tabulated data.**

1. Designs of support systems, shield systems, or other protective systems shall be selected from and be constructed in accordance with tabulated data, such as tables and charts.

2. The tabulated data shall be in written form and include all of the following:

   a) Identification of the factors that affect the selection of a protective system drawn from such data;

   b) Identification of the limits of use of the data;

   c) Information needed by the user to make a correct selection of a protective system from the data.

3. At least one copy of the tabulated data, which identifies the registered professional engineer who approved the data, shall be maintained at the job site during construction of the protective system. After that time the data may be stored off the job site, but a copy of the data shall be made available to Safety Department upon request.

C. **Design by a registered professional engineer.**

1. Support systems, shield systems, and other protective systems not using the options detailed in sections 5.3 (A), a registered professional engineer shall approve (B) or (C).

2. Designs shall be in written form and shall include the following:

   a) A plan indicating the sizes, types, and configurations of the materials to be used in the protective system; and

   b) The identity of the registered professional engineer approving the design.

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3. At least one copy of the design shall be maintained at the job site during construction of the protective system. After that time, the design may be stored off the job site, but a copy of the design shall be made available to the Safety Department upon request.

5.4 Materials and Equipment.

A. Materials and equipment used for protective systems shall be free from damage or defects that might affect their proper function.

B. Manufactured materials and equipment used for protective systems shall be used and maintained in accordance with the recommendations of the manufacturer, and in a manner that will prevent employee exposure to hazards.

C. When material or equipment used for protective systems is damaged, the Supervisor shall ensure that a competent person to evaluate its suitability for continued use examines these systems. If the competent person can not assure the material or equipment is able to support the intended loads or is otherwise suitable for safe use, then such material or equipment shall be removed from service. These materials or equipment shall be evaluated and approved by a registered professional engineer before being returned to service.

5.5 Installation and removal of support

A. General.

1. Members of support systems shall be securely connected together to prevent sliding, falling, kickouts, or other potential hazards.

2. Support systems shall be installed and removed in a manner that protects employees from cave-ins, structural collapses, or from being struck by members of the support system.

3. Individual members of support systems shall not be subjected to loads exceeding those, which those members were designed to support.

4. Before temporary removal of individual support members begins, additional precautions shall be taken as directed by the Supervisor to ensure the safety of employees. These precautions could include, for example, the installation other structural members to carry the loads imposed on the support system.

5. Removal of support systems shall begin at, and progress from, the bottom of the excavation. Members shall be released slowly. If there is any indication of possible failure of the remaining members of the structure or possible cave-in of the sides of the excavation the work shall be halted until the Supervisor can examine it.

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6. Backfilling shall progress together with the removal of support systems from excavations.

5.6 Sloping and benching systems. Employees shall not be permitted to work above other employees on the faces of sloped or benched systems except when employees at the lower levels are protected from the hazard of falling, rolling, or sliding material or equipment.

5.7 Shield systems

A. General.

1. Shield systems shall not be subjected to loads that are greater than those they were designed to withstand.

2. Shields shall be installed in a manner that will restrict lateral or other hazardous movement of the shield that could occur during cave-in or unexpected soil movement.

3. Employees shall be protected from the hazard of cave-ins when entering or exiting the areas protected by shields.

4. Employees shall not be allowed in shields when shields are being installed, removed, or moved vertically.

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SECTION – 4(B)

FALL PROTECTION PLAN

FORMER GM ONTARIO STREET PLANT DEMOLITION

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1.0 Purpose:

To provide a uniform companywide and site specific policy and procedure this shall ensure that workers who may be subject to a fall will have the risk eliminated through this Fall Protection Plan. This plan shall remain in effect until such time as the work processes have been fully completed at the Scarborough Town Centre TD/Bay Deck Repairs Construction Project.

2.0 Relevant Legislation:

The intent of the Fall Protection Plan is to assist site personnel in meeting the requirements of Section 26 of the current Regulations for Construction Projects.

3.0 Scope:

This policy and procedure will apply during the period of work at the project where a worker may be using a fall protection system while performing his/her regular daily duties and shall be implemented should a worker be involved in a Fall Arrest.

4.0 Procedure:

All Employees of Bayshore Groups, Sub-Contractors to Bayshore Groups and Visitors will be made aware of this procedure through the Site Specific Orientation Program. The Program will assist out team in dealing with either a conscious or unconscious worker who may be in a fall arrest situation.

Types:

1. Guardrail System
2. Protective Cover System
3. Travel Restraint System
4. Fall Restrictive System
5. Fall Arrest System

Requirements:

Use a fall protection system if a worker is exposed to any of the following hazards:

1. Falling more than 3 meters. (10 feet)
2. Falling more than 1.2 meters (4 feet), if the work area is used as path for a wheelbarrow or similar equipment.
3. Falling into operating machinery.
4. Falling into water or another liquid.
5. Falling into or onto a hazardous substance or object.
6. Falling through an opening on a work surface.

A Guardrail System shall be used if a worker has access to the perimeter of an open side of any of the following work surfaces and is exposed to a fall of 2.4 meters (8 feet) or more:
1. A floor, including the floor of a mezzanine or balcony
2. The surface of a bridge.
3. A roof while formwork is in place.

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4. A scaffold platform or other work platform, runway or ramp.

A guardrail system shall consist of a top rail, intermediate rail and toe board. A guardrail system may have the intermediate guardrail replaced by a material that can withstand a point load of 450 Newtons, (101lbs force), applied in a lateral or vertical downward direction. If the guardrail system is located at the perimeter of a work surface, the distance between the edge of the surface and the guardrail system shall not be greater than 300 millimeters (1 ft). A guardrail system may be removed temporarily to perform work in or around the opening if a worker is adequately protected and signs are posted.

A **Guardrail System** shall be capable of resisting anywhere along the length of the system the following point loads when applied separately, without exceeding the allowable unit stress for each material used:

1. 675 Newtons applied in a lateral direction to the top rail.
2. 450 Newtons applied in a vertical downward direction to the top rail.
3. 450 Newtons applied in a lateral or vertical downward direction to the intermediate rail, or midway between the top rail & the toe board.
4. 225 Newtons applied in a lateral direction to the toe board.
5. If the distance between any two adjacent posts of the guardrail system is greater than 2.4 meters (8 feet), the system shall be capable of resisting the required loads specified.
6. The wood shall be free of sharp objects such as splinters and protruding nails.

A **Protective Cover** shall be used to prevent a worker from falling through an opening on a work surface. Completely cover the opening with a cover that is securely fastened and identified as a hole cover. The cover shall be made from a material that is adequate to support all loads to which the cover may be subjected. The cover must be capable of supporting a live load of at least 2.4 Kilopascals (50 psf) without exceeding the allowable unit stresses for the material used. A protective covering may be removed temporarily to perform work in or around the opening if a worker is adequately protected and signs are posted. If it is not possible to install a guardrail system as previously defined, a worker shall be adequately protected by a travel restraint system, a fall restricting system, fall arrest system, or a safety net.

The **Travel Restraint System** shall consist of a full body harness with adequate attachment points or a safety belt. The full body harness or safety belt shall be attached by a lifeline andlor lanyard to a fixed anchor point. A competent worker before each use shall inspect the system. All defective components shall be removed and tagged as "out of service". This system does not allow for a fall of any nature and, after a guardrail system, should be considered as the next most preferred method of protection.

The **Fall Restrictive System** shall consist of an assembly of components that is designed and arranged in accordance with the manufacturer's instructions so that a worker's free fall distance does not exceed 0.6 metres (2 feet) and is attached to an independent fixed support. A competent worker before each use shall inspect the system. All defective components shall be removed and tagged as "out of service".

The **Fall Arrest System** shall consist of a full body harness with adequate attachment points and a lanyard equipped with a shock absorber or similar device. The system shall be attached by a lifeline or by the lanyard to an independent fixed support / anchor point. The system shall be arranged so that a worker cannot hit the ground or an object on a level below the work. A shock absorber shall not be used if it allows the worker to hit the ground or an object or a level below the work. The system shall not subject a worker who falls to a peak fall arrest force greater than 8 kilonewtons (1,800 lb force).
Before each use, a competent worker shall inspect the system. All defective components shall be removed and tagged as "out of service".

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All the above systems shall be designed by a professional engineer in accordance with good manufacturing practices, and shall meet the National Standards of Canada. All workers shall be trained in fall prevention systems before engaging in any work that requires their use.

A **Fixed Support** is a permanent anchor system that is installed according to the Building Code. A **Temporary Fixed Support** used in a fall arrest system that is capable of supporting a static force of at least 8 kilonewtons (1,800 lb force) without exceeding the allowable unit stress for each material used. If a shock absorber is used in the fall arrest system, the temporary fixed support shall be capable of supporting a static force of at least 6 kilonewtons (1,350 lb force) without exceeding the allowable unit stress for each material used.

A temporary fixed support used in a fall restricting system must be capable of supporting a static force of at least 6 kilonewtons (1,350 lb force) without exceeding the allowable unit stress for each material used.
A temporary fixed support used in a travel restraint system that is capable of supporting a static force of at least 2 kilonewtons (450 lb force) without exceeding the allowable unit stress for each material used.

A Professional Engineer shall design all Horizontal Lifelines. A Professional Engineer or a competent worker designated by the supervisor shall inspect the lifeline before each use. The drawings for the lifeline shall be kept on the site as long as the system is in use.

The Vertical Lifeline must be made of synthetic rope type and have a diameter of a least 16mm (518"). All lifelines must be CSA approved. A knot shall not be used to secure a lifeline to an anchor. A knot may be used to ensure a rope grab does not slide off the vertical lifeline. If during your inspection you find cuts, loose fibres. water damage or damage at the thimbles, the lifeline shall be removed and tagged as "out of service".

All workers who may use a fall protection system shall be adequately trained in its use and given adequate oral & written instructions by a competent person. A written copy of the training & instruction record for fall protection shall be kept on site and a copy forwarded to senior management. Before any use of a fall arrest system or a safety net by a worker at a project, the worker's supervisor shall develop written procedures for rescuing the worker after his or her fall has been arrested.

5.0 Responsibility:

1. Project Superintendents and Site Supervisors shall ensure that All measures and procedures prescribed in the Act & Regulations & Corporate Policies and Procedures are carried out at the project.
2. Workers shall ensure that work is performed in a manner compliant with the OH&S Act & Regulations. Workers shall also ensure that work is performed in a manner that meets or exceeds company and project expectations.

6.0 Health and Safety Shall:

1. Ensure this policy and procedure is implemented and communicated at the project.
2. Provide necessary formal training programs to all personnel working at the project thru Daily Hazard Assessments, Toolbox Meetings and Site Specific Orientation.

Note: This Plan may be subject to change as the work processes continue to evolve. Any changes will be made under the direction of the OH&S Department.

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FALL PROTECTION PLAN ACKNOWLEDGEMENT

Date: _____

Workers Name (Print)

Note: Please forward completed forms to:
Health & Safety Department
Bayshore Groups

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SECTION – 4(C)

FALL ARREST RESCUE PLAN
FORMER GM ONTARIO STREET PLANT DEMOLITION

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FALL ARREST RESCUE PLAN

1.0 Purpose:

To provide a uniform companywide and site specific policy and procedure for the rescue of a worker whose fall has been arrested at the Former GM Ontario Street Plant Demolition Project in St. Catharines, Ontario.

2.0 Relevant Legislation:

The intent of the Fall Protection Plan is to assist site personnel in meeting the requirements of Section 26.1 (4) of the Occupational Health & Safety Regulations for Construction Projects.

3.0 Scope:

This policy and procedure will apply during the period of work at the project where a worker may be using a fall protection system while performing his/her regular daily duties and shall be implemented should a worker be involved in a Fall Arrest.

4.0 Procedure:

All Employees of BayShore Groups, Sub-Contractors to BayShore Groups and Visitors will be made aware of this procedure through the Site Specific Orientation Program. The Program will assist out team in dealing with either a conscious or unconscious worker who may be in a fall arrest situation.

1) **Conscious Worker:**

   a. Send someone to notify the Supervisor and workers trained in First Aid immediately.

   b. Keep the worker calm and keep communicating. Stay with the worker until the Supervisor arrives.

   c. Assess the situation to see if the scene is safe or unsafe. If the scene is safe, follow the below steps. If the scene is unsafe, notify emergency services. Provide emergency services with information necessary for the rescue of the suspended worker.

   d. If the scene is safe and accessible, place a ladder or elevated work platform below the worker to climb down safely. If required, render assistance to the worker to climb down. Those assisting with the rescue must utilize a Fall Protection System.

   e. Have the worker assessed by the worker trained in First Aid.

   f. If emergency services have been notified, have a worker or workers guide the emergency services to the scene.

   g. Seal the scene off from other workers for proper accident investigation.

   h. Notify the Head Office, Project Management, Complete Concrete Restorations Ltd. HSE Manager, Worker Safety Representative and/or Joint Health and Safety Committee.

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2) **Unconscious Worker:**.

a. Notify emergency services immediately. Provide emergency services with information necessary for the rescue of the suspended worker. Send someone to notify the supervisor and workers trained in First Aid immediately.

b. Try to communicate with the worker. Should the worker become conscious, follow the above steps. Never leave the worker until the supervisor or worker trained in First Aid arrives.

c. Assess the situation to see if the scene is safe or unsafe. If the scene is safe, follow the below steps. If the scene is unsafe, wait for emergency services.

d. If the scene is safe and accessible, place an elevated work platform below the worker and if possible, remove their fall protection. Those assisting with the rescue must utilize a Fall Protection System.

e. Have the worker assessed by a Competent First Aider.

f. After emergency services have been notified, have a worker or workers guide the emergency services to the scene.

g. Allow emergency services, MOL, Project Management, and BayShore Groups HSE Manager to the scene. To preserve the accident scene, seal the scene off from other workers to complete a proper accident investigation.

h. Immediately Notify the Head Office, MOL, Project Management, BayShore Groups HSE Manager, the Worker Safety Representative and/or Joint Health and Safety Committee.

5.0 Responsibility:

1. Project Superintendents and Site Supervisors shall ensure that All measures and procedures prescribed in the Act & Regulations & Corporate Policies and Procedures are carried out at the project.
2. Workers shall ensure that work is performed in a manner compliant with the OH&S Act & Regulations. Workers shall also ensure that work is performed in a manner that meets or exceeds company and project expectations.

6.0 Health and Safety Shall:

1. Ensure this policy and procedure is implemented and communicated at the project.
2. Provide necessary formal training programs to all personnel working at the project thru Daily Hazard Assessments, Toolbox Meetings and Site Specific Orientation.

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FALL ARREST RESCUE PLAN

Date: _____

Workers Name (Print)

Note: Please forward completed forms to:
BayShore Groups
Health & Safety Department

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SECTION - 5(A)

ENVIRONMENTAL PROTECTION PLAN

FORMER GM ONTARIO STREET PLANT DEMOLITION

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APPLICATION:
This policy applies to all managers, supervisors, employees, agents and subcontractors in our employ or under contract with our firm.

PURPOSE:
The purpose of this section is to establish the basic principles of our efforts to protect the environment.

POLICY:

BAYSHORE GROUPS recognizes and accepts the responsibilities entrusted to us by our clients, and strive to conduct our operations in a socially, economically and environmental manner. Therefore, BAYSHORE GROUPS is dedicated to excellence in implementing standards of care that not only comply with Federal, Provincial and Local requirements but also respond to the social, economic and environmental expectations of our employees, communities, clients, owners, government and the public.

BAYSHORE GROUPS is committed to the continual improvement of our environmental policies and the prevention of pollution to our environment. Compliance with all relevant legislation and client/owner specific regulations is paramount to our operations.

As a rule, every working system and work procedure within our company will have taken environmental concerns into account prior to formalizing the policy or procedure. Each workplace we work in may have differing environmental concerns so it is essential to understand the need to address these issues on a priority basis.

The cornerstones of BAYSHORE GROUPS's environmental policy are as follows:

Employ strong leaders and empower each with the authority, responsibility and accountability for decisions and results associated with environmental issues.

Strive to use the best technology and provide products that will be as sensitive as possible to humans, animals, plants and the environment.

Selecting and using economically feasible substances, articles and processes which cause the least impact to the environment.

Ensuring that company and corporate activities minimize environmental impact and contribute to a sustainable future through conservation of natural resources.

Promote pollution prevention and waste minimization activities.

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Endeavors to follow environmental rules and regulations, encourage environmental protection activities and ensure the wellbeing of employees and citizens by practicing sound environmental management.

Encourage environmental awareness for all employees at every level so that environmental factors are considered in the decision making process.

Promoting conservation awareness and environmental stewardship in the communities in which we live and operate.

Address all contractual and regulatory requirements.

Constantly, monitor and upgrade our environmental policies and employee training.

Specific Procedures:

- Fuel and Fuel Storage
- Material and Equipment Storage
- Waste Management
- Environmental training, education and awareness
- Erosion and Sediment Control
- Spill Response and Reporting
- Vehicle and Equipment Maintenance

Fuel and Fuel Storage

Always:

☐☐Fuel carefully to minimize drips to the ground surface.

☐☐Maintain clean fuel dispensing areas using dry cleanup methods.

☐☐Utilize fueling safeguards. Clearly label and tag all valves to reduce human error.

☐☐Train employees on proper fueling methods and spill cleanup techniques.

☐☐Maintain fuel storage tanks in accordance with local, provincial and federal laws.

☐☐Have absorbent spill cleanup kits and materials available at fueling areas.

☐☐Immediately clean up spills and properly dispose of contaminated soil and cleanup materials.

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Whenever Possible:

□□Regularly inspect fueling equipment for corrosion and structural failure, cracks in foundations, and physical damage to container systems.

□□Use designated fueling areas.

□□Design fueling areas to minimize stormwater exposure. Prevent run-off and ponding of water, and use secondary containment systems.

□□Protect storm drains from fueling areas using berms and dikes.

□□Use drip pans or absorbent pads during fueling to collect leaks.

□□Add automatic shutoff mechanisms to fueling equipment.

□□Install protective guards around fueling equipment, tanks, and piping to prevent collisions.

Never:

□□"Top off" fuel tanks.

□□Hose down or bury a fuel spill.

Material and Equipment Storage

Hazardous materials must be stored based on their compatibility, not simply in alphabetical order. Store materials of the same hazard together i.e. flammables with flammables and oxidizers with oxidizers.

Hazardous substances should be stored in an orderly manner with older products most accessible and the newer products least accessible.

Good housekeeping must be practiced in areas where hazardous products are stored.

All hazardous materials must be properly labeled including their exact contents, hazardous properties, date of receipt, and if appropriate, date of expiration.

Hazardous substances should be stored in original containers in which they were packaged at the manufacturing plant. If this is not practical, these products should be transferred according to manufacturers' recommendations into containers that are constructed to withstand the effects of the product over the maximum storage time.

Incompatible materials must not be stored such that they may come in contact with each other.

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If incompatible materials are allowed to mix dangerous conditions will result. Combining these materials may result in the following:

- heat or pressure;
- fire or explosion;
- violent reaction;
- toxic dusts, mists, vapors, or gases;
- flammable vapors or gases.

Always:

☐☐Store materials away from high traffic areas.

☐☐Store materials according to manufacturer's specifications (e.g. in a flammable materials storage cabinet).

☐☐Dispose of unused or waste materials properly.

☐☐Train employees on proper storage procedures for petroleum and chemical products.

☐☐Store materials in their original containers to maintain appropriate labeling.

☐☐Be prepared for spills by having a spill kit nearby.

☐☐Frequently inspect the storage areas for leaks or spills.

☐☐Conduct annual employee training to reinforce proper storage techniques for petroleum and chemical products.

☐☐Train employees in hazardous material handling, safety, spill cleanup and reporting on an annual basis.

☐☐Handle petroleum products and chemicals according to manufacturer's specifications.

☐☐Use proper protective equipment.

☐☐Maintain Material Safety Data Sheets (MSDS) for all chemicals used.

☐☐Make MSDS sheets available on materials that require special handling, storage and/or disposal.

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Never:

□□Never store petroleum or chemical products near a floor drain or stormwater inlet.

□□Never treat or dispose of hazardous materials unless licensed to do so.

□□Never mix petroleum or chemicals unless directed by manufacturer's instructions.

Waste Management

Objectives:

All waste generated during construction activities is to be disposed of in an acceptable manor.

Waste and construction by-products are to be kept to a minimum.

Waste materials suitable for recycling will be separated from the waste and diverted to the appropriate recycling facility.

Reduce, Reuse and Recover any materials deemed recyclable.

Where feasible use materials that are made from recycled products.

Reduce the creation of waste materials that cannot be recycled.

Dispose of un-recyclable waste materials in an environmentally sound manner ensuring full compliance with all relevant legislation.

General Construction Waste

All waste that will be retained on site for a period of time will be transported and stored in the waste disposal area. Materials suitable for recycling will be transported to an approved recycling depot, all non recyclable materials will be disposed of at an authorized landfill.

Permanent disposal of wastes from the waste disposal area as detailed above will b completed on a regular basis. Frequency of clean outs will depend on stage of work and amount of waste being generated.

Hazardous Wastes

Hazardous wastes will be transported and disposed of at an approved facility. Transportation of materials will be as per WHMIS & TDG guidelines.

Filters, containers, drums and barrels that were used in the storage of, or came into contact with hazardous materials are to be recycled (as applicable) or disposed of in at an authorized facility.

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Whenever Possible:

☐☐Store garbage containers beneath a covered structure or inside to prevent contact with storm-water.

☐☐Install berms, curbing or vegetation strips around storage areas to control water entering/leaving storage areas.

☐☐Locate dumpsters and trash cans in convenient, easily observable areas.

☐☐Provide properly-labeled recycling bins to reduce the amount of garbage disposed.

☐☐Inspect garbage bins for leaks regularly, and have repairs made immediately by responsible party.

☐☐Keep bins free of improperly discarded trash.

☐☐Provide training to employees to prevent improper disposal of general trash.

☐☐Minimize waste by purchasing recyclable products that have minimal packaging.

☐☐Request/use dumpsters without drain holes.

Never:
☐☐Never place hazardous wastes in a dumpster or trash bin.

Erosion & Sediment Control

Protection of our stream and waterways is paramount to BAYSHORE GROUPS'S environment policy. BAYSHORE GROUPS has a policy with regards to protecting top soil resources from erosion and water courses from pollution from sediment.

BAYSHORE GROUPS seeks to prevent pollution to our streams and rivers by:

Minimizing disturbance: Preserve existing vegetation, seed bare soil immediately, and place sod or final seed with erosion control mats as soon as possible.

Containing Sediment: Install silt fence, protect surface water inlets, place mulch, blankets, and mats over disturbed areas, install ditch checks, and use sediment basins and traps.

Removing Sediment:
Clean out sediment traps and sweep construction access areas.

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Always:

☐☐Use erosion control techniques or devices to stabilize disturbed areas.

☐☐Use effective site planning to avoid sensitive areas.

☐☐Keep land disturbance to a minimum.

☐☐Inspect and maintain erosion control devices.

☐☐Install erosion control devices properly.

Whenever Possible:

☐☐Protect disturbed areas from storm-water runoff by using stabilizers such as mulch.

☐☐Limit construction activities during months with higher runoff rates.

☐☐Assign responsibility for maintaining erosion control devices.

☐☐Reduce the velocity of storm-water runoff.

☐☐Divert clean water away from the disturbed area during construction activities.

☐☐Protect vegetative buffers or create new ones.

Never:

☐☐Never divert runoff into a sensitive area.

Spill Response and Reporting

Always:

☐☐Stop the source of the spill.

☐☐Contain any liquids.

☐☐Contact the appropriate regulatory agency to report any size spill.

☐☐Cover the spill with absorbent material such as kitty litter, sawdust, or oil absorbent pads. Do not use straw. Dispose of used absorbent material properly.

☐☐Use water only when necessary and minimize use.

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☐☐Contact municipal officials _____ (phone #).

☐☐Fit petroleum and chemical storage containers with secondary containment structures.

☐☐Keep a spill kit in areas where petroleum or hazardous materials are stored.

☐☐Train employees in spill response procedures and equipment.

☐☐Deploy containment booms if spill could potentially reach a storm drain or waterbody.

☐☐Position mats to contain drips from equipment or vehicles until they can be repaired.

Never:

☐☐Never wash a spill into the storm drain or a water body.

☐☐Never leave a spill without cleaning it up.

Equipment and Equipment Maintenance

Prior to bringing equipment on site and at regular daily intervals during construction, equipment will be inspected to ensure it is in good working order, by the operator and documented.

All equipment will be inspected for weeds and weed seeds prior to entering site. Equipment will be cleaned of all dirt, debris, and weeds prior to access being granted.

Heavy equipment will not operate on original ground prior to stripping of topsoil.

The operator will bring onto site, in suitable trucks and containers, the fuel lubricants and antifreeze required for maintaining equipment. No on site storage of these materials is anticipated.

A designated refueling and maintenance area will be established on site. All refueling and equipment maintenance will be completed at this location. The refueling area will be established at a location such that a minimum distance of 100m from any water course or wetland.

When equipment refueling is required, machine will be transported to designated refueling area.

Nozzle is to be attended at all times and will be equipped with an automatic shutoff to prevent overflows/spills. When refueling has been completed, fuel is to be properly sealed and returned to designated storage location.

A spill kit will be on site to help contain and clean up should a spill occur. Spill kit will be model #SK-U30 as manufactured by BIG O INC; a universal kit with a 96 liter capacity.

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The Emergency Spill Procedure will be followed in the event of a major spill.

Equipment Clean Out: all equipment, as required, will be cleaned at waste storage areas. A filter fence will be placed as to prevent any debris produced in waste storage area from entering any of the surrounding watercourses. The waste storage area will be located as to not impact drainage of the site.

Any soil contaminated will be stockpiled and contained accordingly. Contaminated soil will be disposed of at a suitable location and in a suitable manner.

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ENVIRONMENTAL PROTECTION PLAN ACKNOWLEDGEMENT

Date: _____

Workers Name (Print)

Note: Please forward completed forms to:
BAYSHORE GROUPS
Health, Safety & Environmental Department

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SECTION 5 (B) - First Aid Requirements

The current First Aid Regulation 1101 outlines the employer's obligations regarding, first aid training, services, location of supplies and equipment, transportation and record keeping. Defined below are the specific first aid requirements for **High Hazard Work** which include but not limited to roads, highways bridges, water distribution systems and sewage gathering.

Number of Workers at Work Site per Shift

5-10

30 minutes or less to the nearest Medical Facility

Class A First Aid Attendant

Class A Supplies

3 Blankets

Stretcher

Splints

Approved First Aid Kit as per Table 10

Emergency Transportation

St. Catharines/Ontario provides emergency services. (911)

Site Emergency Transportation

Will be provided by a Bayshore Groups Vehicle and an appointed Bayshore Groups Representative

Map to the Hospital

A map to the Hospital must be posted in the workers lunch trailer, site office trailer and first aid boxes.

Identified First Aiders

Certificate of qualified first aiders on site will be included in the Project Specific Safety Plan and posted at the site office trailer and lunch trailer.

Re-evaluation of First Aid Requirement is required if man power on site exceeds 20 workers.

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SECTION 5 (C) - GENERAL LEGISLATIVE REQUIREMENTS

Bayshore Groups will comply with and exceed where possible all applicable Provincial, National, and Regional health, safety and environmental laws, regulations and standards.

Our Former GM Ontario Street Plant Demolition Project Team is committed to creating a safe and healthy work environment for all employees and visitors within our project limits.

Management is dedicated to maintain a safe and productive work environment and will strive to eliminate any hazards, which would result in personal injury/illness or damage to property.

It is the responsibility of every employee to work together to continuously improve and promote workplace health and safety as well as the protection of the natural environment.

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SECTION 5

LEGISLATION & ENVIRONMENTAL RESPONSIBILITIES

FORMER GM

ONTARIO STREET

PLANT DEMOLITION

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SECTION – 6

GENERAL SAFETY RULES

FORMER GM ONTARIO STREET PLANT DEMOLITION

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GENERAL SAFETY RULES

1. Consuming or being in procession of alcohol and/or illegal drugs on company premises, properties and /or projects is strictly prohibited and is grounds for immediate dismissal.
2. No smoking is permitted on site
3. Fighting, horseplay, practical jokes or otherwise interfering with other workers is strictly prohibited.
4. The use of cellular phones while in a handheld position or other handheld communication devices is not permitted while operating mobile equipment (includes personal vehicles) or while refueling.
5. Theft, vandalism or any other abuse or misuse of any property is prohibited.
6. All unsafe acts and conditions, "near miss" incidents, property damage and injuries are to be reported immediately to the supervisor.
7. First Aid treatment shall be administered immediately for any injury that may occur at the project.
8. Field personnel shall not enter any confined space; such as tanks or manholes, air ducts etc. unless confined space entry procedures have been developed and implemented according to the regulatory requirements.
9. No workers shall be permitted to work at heights without ensuring that adequate fall protection mechanisms are in place.
10. Hard Hats, Safety Boots and Traffic Vest must be worn at All times while on the project. Only Long Pants and Shirts must be worn at all times. Sleeveless shirts and running shoes are strictly prohibited.
11. Safety glasses, goggles or face shields shall be worn in the circumstances where the risk of an eye injury exist (Chipping, Cutting, Grinding etc.).
12. Unsafe acts or conditions must be reported immediately to their respected Supervisor.
13. All work shall be carried out as per safe work practices and procedures and under guidance of the project Supervision.
14. Only tools and equipment shall be used that are in good repair and meet ALL Manufacturers Specifications. **Under no circumstances shall guards or safety devices be removed from any equipment.**
15. Compressed gas cylinders shall be secured in the upright position.
16. Riding on any equipment which is used to handle or hoist materials or equipment is prohibited.
17. The workplace shall remain in a clean and orderly condition. Housekeeping must take place throughout the workplace to help eliminate potential associated hazards.
18. Workers must check in and out with their Supervisor on each shift. Workers must not leave the site unless notification has been given to the immediate Supervisor.

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SECTION – 7

WORKPLACE VIOLENCE & HARASSMENT POLICY

FORMER GM ONTARIO STREET PLANT DEMOLITION

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1.0 PURPOSE

To develop a Violence and Harassment Policy and Procedures to protect all employees in the workplace

2.0 LEGISLATION

The Bill adds Part III.0.1 (Violence and Harassment) to the Occupational Health and Safety Act. Subsection 1 (1) of the Act is amended to include definitions of workplace violence and workplace harassment.

Part III.0.1 25 (2) (a) 27(2)(a) 28 32 and all sub sections, 43 55 70
Criminal Code section 264.1

Subsection 1 (1) of the Occupational Health and Safety Act is amended by adding the following definitions:

"**workplace violence**" means,

(a) employee, the exercise of physical force by a person against a employee, in a workplace, that causes or could cause physical injury to the
(b) an attempt to exercise physical force against a employee, in a workplace, that could cause physical injury to the employee,
(c) a statement or behaviour that it is reasonable for a employee to interpret as a threat to exercise physical force against the employee, in a workplace, that could cause physical injury to the employee.

"workplace harassment" means engaging in a course of vexatious comment or conduct against a employee in a workplace that is known or ought reasonably to be known to be unwelcome Harassment on any of the *Code* grounds can amount to discrimination.

3.0 SCOPE

This policy applies to all BAYSHORE GROUPS employees, contractors and consultants including all personnel affiliated with third parties working at BAYSHORE GROUPS facilities.

4.0 DEFINITIONS

THREAT: Implication or expression of intent to inflict physical harm or actions that could be interpreted as a threat to physical safety or property.

INTIMIDATION: Making others afraid or fearful through threatening behavior.

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ZERO-TOLERANCE: Violation of a Policy will not be tolerated and will result in Disciplinary Action

COURT ORDER: An order by a Court that specifies and/or restricts the behavior of an individual.

EAP: Employee Assistance Program

5.0 POLICY- VIOLENCE

It is to be clearly understood that at BAYSHORE GROUPS we have ZERO tolerance for all acts of Violence and Harassment. To support this, we have developed the following Policies and Procedures to assist us in maintaining a violent and harassment free workplace.

We will address both Violence and Harassment in two separate sub Policies contained within this Policy.

Both Policies and Procedures will address:

- Topic
- General Types
- Assessment for your workplace
- Results of Assessment revealing type
- For each type there must be a procedure to deal with it
- Reporting and investigation procedures
- Follow up
- Method to train employees
- List of resources at end of Policy

At no point in time should any employer or employee physically intervene in acts of violence.

As an Employer / Contractor of Service, we:

- Emphasize that confidentiality will be maintained on a "need to know" basis
- Victims of violence and harassment will be supported
- Victim's employment will continue.
- Provide reasonable time off to deal with the effects of violence / pursue legal or lodging remedies
- The Discipline Policy will not be applied to absenteeism, poor job performance
- Assist by providing support / materials

The Criminal Code of Canada supports assault as a criminal offence. Employers and employees have the right to call the police to investigate and lay charges when an employee has been assaulted in the workplace.

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Assault is physical violence, attempts or threats to use force (including gestures that imply a serious threat), stalking or conduct that causes that other person to fear for their safety or the safety of anyone known to them.

PROHIBITED BEHAVIORS (ZERO TOLERANCE)

- Direct threats or physical intimidation
- Implications or suggestions of violence
- Stalking
- Possession of weapons of any kind on:
  - BAYSHORE GROUPS property
  - Client's property
  - Parking lots
  - Other exterior premises
  - During company events
  - Jobsites
- Assault of any form
- Physical restraint, confinement
- Dangerous or threatening horseplay
- Loud, disruptive or angry behavior or language that is clearly not part of the typical work environment
- Blatant or intentional disregard for the safety or well-being of others
- Commission of a violent act or misdemeanor on BAYSHORE GROUPS property or property of client
- Any other act that a reasonable person would perceive as constituting a threat of violence.

6.0 POLICY - VIOLENCE

SOURCES

- Peers/colleagues
- Supervisors/managers
- Outside contacts including
- Members of the public
- Unauthorized intruders
- Current and former spouses/partners
- Customers/clients /students

GENERAL RISK FACTORS

- Working in a community-based setting

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- Working with unstable or volatile clients
- Handling cash
- Mobile workplaces
- Contact with clients
- Working in high crime areas
- Securing/protecting valuables
- Transporting people and/or goods
- Working alone or in small numbers

ACTS OF VIOLENCE INCLUDE BUT ARE NOT LIMITED TO

- Physical acts – hitting, shoving, pushing, kicking, assault
- Any threat, behaviour, action – understood to mean potential to harm or endanger safety of other, resulting in act of aggression, destruction or damage of property
- Disruptive behaviour- not appropriate to work environment – yelling, screaming

EMERGENCY RESPONSE / EVACUATION

Depending upon the form of violent act, the following may be necessary:

- Make sure cell phone is on silent and keep volume down
- If possible, dial 911 – do let the dispatcher listen to surroundings
- If possible, give identifying features of your location
- Do not answer phone if call comes in
- Be aware of sounds around you
- If you have a camera / video in your cell phone, use it to capture events
- Only come out of hiding when Supervisor indicates it is safe to do so

EVACUATION

- When employees hear the air horn, they must immediately go to Muster /Meeting point
- Follow Emergency Response Plan

ASSESSMENT

In order to determine the types of violence that could occur in our workplace, it is necessary for an Assessment to take place in order to consider the appropriate control.

- Safety Manager will provide employee with Assessment Form
- All employees must complete the Assessment Form.
- Form to be returned to Safety Manager within 1 week for tabulation
- Safety Manager to tabulate results and put in a report for Senior Management and JHSC

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- Safety Manager, Senior Management and JHSC will meet to discuss:
  - Employee identified risks
  - Probability, severity, frequency of risk
  - Develop controls to eliminate / reduce level of risk
  - Development of system to train employees:
    - Complaint procedure
    - Investigation process
    - Report on investigation
    - Confidentiality
    - Risks and controls

The specific risk factors to our workplace will be evident from the results of the Assessment Form. Once the types of Violence have or could take place have been established, the JHSC in consultation with employees and Employer, will establish a specific procedure to deal with each type.

Note: Work-related violence can occur at off-site business-related functions (conferences, trade shows), at social events related to work, in clients' homes or away from work but resulting from work (a threatening telephone call to your home from a client).

Risk of violence may be greater at certain times of the day, night or year:

- Late hours of the night or early hours of the morning
- Christmas
- Pay days
- Performance appraisals

RE- ASSESSMENT

- As often as necessary to protect employees. Specifically:
  - Physical changes to workplace – renos
  - Changes in type of work or hours of work
  - New information on risks of workplace violence or incident
- Annual review of Assessment with random employees will take place in consultation with JHSC and Senior Management
- Recommendations to Senior Management or update to be provided in writing

7.0 TYPES OF VIOLENCE AND CORRESPONDING PROCEDURE

Note: *You may have both the offender and victim in your workplace.*

DOMESTIC / FAMILY VIOLENCE

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Includes: Physical, psychological, emotional, intimidation, verbal or sexual abuse of people by person's partners or ex-partners in intimate relationships – pattern of behavior used by one person to gain power/ control over another with whom they share or shared a personal relationship.

Manifests in workplace: Stalking, harassment, verbal abuse, financial abuse

Offender: May be current or former spouse, intimate partner, relative, friend

INDICATORS

- Frequent injuries, with the excuse of "accidents"
- Frequent and sudden absences from work
- Frequent, harassing phone calls from the partner
- Fear of the partner, references to the partner's anger
- Personality changes (e.g. an outgoing person becomes withdrawn)
- Excessive fear of conflict
- Submissive behavior, lack of assertiveness
- Isolation from friends and family
- Insufficient resources to live (money, credit cards, car)
- Depression, crying, low self-esteem

PROCEDURE

VICTIM

- Consultation with employer, supervisor, union or JHSC/ Health and Safety Representative to assess threat, safety planning, risk management
- Provide emergency contact (if employer is unable to contact victim or victim doesn't show up for work)
- Indicate court orders against offender
- Provide photo and physical description of offender and vehicle
- Work with JHSC / Health and Safety Coordinator/Supervisor to develop safety plan for work times and non-work times

WORKPLACE

- Provide escort for victim from arrival at work to location at work
- Provide escort at end of day to walk victim to vehicle
- Ask victim to carry cell phone with preprogrammed number for 911
- Victim to indicate route home and to call upon arrival
- Ensure that victim carries personal alarm at all times when in workplace
- Train employees on alarm
- Install additional lighting from building to parking lot
- If victim stays in one location at work, then install panic button

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GUIDELINES FOR DEALING WITH VICTIM

- When you suspect someone at work is being abused, first, show respect.
- Find out if the person is safe.
- Listen carefully, accept the fact the person is speaking about being abused, and believe them.
- Show that you care by being honest and genuine.
- If they want to, listen and let the employee talk about their feelings.
- Do your very best to ensure confidentiality. Talk in a quiet place, assure the person you will not repeat the conversation.
- If the employee tells you about a child who is being abused, tell them that reporting of suspected abuse to child protection authorities or the police is required by law.
- Be open-minded. Avoid judging or blaming and try to keep your personal feelings and opinions to yourself.
- Offer alternatives, not advice. Don't tell the person what to do.
- Discuss talking about the event to and with a Supervisor so that steps to protect the employee and workplace can be implemented such as:
    - Flexible hours / workload
    - Escort to vehicle
    - Personal alarm
    - Cell phone with direct dial to 911
    - Desk or wall panic buttons
    - Code words or phrases

8.0 CLIENT- RELATED VIOLENCE

PROCEDURE FOR DEALING WITH ANGRY CLIENT

- First contact should be neutral – how can I help?
- Focus full attention on person / show interest
- Remain calm – do not buy into their anger
- Be polite
- Tell them your name and ask theirs
- Acknowledge their feelings
- Confirm that you know that they are upset
- Don't interrupt
- Repeat what client has told you to acknowledge their concerns
- Do not use jargon or technical language
- Speak slowly, quietly, confidently
- Remain open-minded and objective
- Do NOT tell person to 'relax', 'chill', 'calm down'
- Don't make promises you can't keep – be honest
- Attempt to explain what has happened

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- Apologize and accept criticism
- If you feel threatened, politely and calmly terminate the discussion
- Stand minimum of 1 metre away and not directly in front of the person
- Ensure that you have a clear exit
- Don't stand over the person
- Keep hand movements under control – no pointing
- Don't touch the person and don't stare

TELEPHONE THREATS

- Tell client language is not acceptable and you will terminate call
- Be firm and consistent
- Hang up, if necessary

PHYSICAL ATTACK

- Make a scene – yell – scream STOP – FIRE – HELP
- If you are dragged or pulled – fall to ground and roll
- Blow a whistle
- Single out bystanders i.e.: You in green shirt – call police
- If someone grabs your belongings, throw it several feet away and run in opposite direction yelling FIRE
- Run to safest place – where other people are
- Call police immediately
- Tell supervisor immediately

9.0 WORKPLACE

Includes:	Employee to Employee (includes Supervisor and Employer) Physical, psychological, emotional abuse of people by co-employee or person in supervisory position
Manifests in workplace:	Verbal abuse, threats of violence

Under the changed legislation, it is the responsibility of the employer or Supervisor to advise co-employee(s) of persons identified with a history of violent behavior if:

- They have to work with that person
- Can be expected to encounter that person in the course of work day
- Risk of exposure to this person is likely to expose employee to physical injury

BEFORE ADVISING, CONSIDER

- Was history of violence associated with workplace or work?

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- Was the history of violence directed at a particular employee or employees in general?
- How long ago did the incident(s) of violence occur?

LIMIT ON DISCLOSURE

No employer or supervisor shall disclose more personal information than is reasonably necessary to protect the employee from physical injury:

- How the violent behaviour manifests itself
- Triggers of aggression, if known

Supervisor must inform the employee of those that the employee might work with who are prone to violent behaviour.

Employee can exercise Right to Refuse (see below).

PROCEDURE

- Terminate interaction in a non-confrontational manner if the individual appears to be:
  - Intoxicated
  - Under influence of drugs
  - Appears emotionally disturbed, threatening, out of control
- Do NOT allow yourself to be backed into a corner – ensure clear path to exit
- Do not antagonize, criticize, challenge, threaten or belittle.
- Maintain a relaxed posture
- Stand 2-4 feet away from the person
- Position yourself closest to an exit
- Ask the person to help you understand why they are upset
- Listen
- Do NOT interrupt or offer unsolicited advice or criticism
- Delay tactics can be used to give time for people to calm down. E.g. offering a drink of water (use a disposable paper cup)

If you witness or are the recipient of violence or if you believe an incident of violence will take place:

- Report this immediately to your Supervisor
- If the Supervisor is the offender, then go to their Supervisor
- If the situation has escalated over a period of time, then ensure that dates, times and occurrences are written down along with any witnesses

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- Ask to be removed from the direct supervision of the person – to be moved to another job site or to be provided different duties (you must have the skill set to be able to perform other tasks – ask your Employer to review the Modified Duties List that are used for RTW)
- If the situation cannot be resolved, ask for a permanent re-assignment

10.0 ESCALATING SITUATION/BEHAVIOUR

Confusion: Behavior that indicates person is bewildered or distracted. Person may seem unsure of what to do.

Frustration: Behavior will indicate resistance to information or reaction, impatience or a sense of defeat. May try to bait you.

Blame: Behavior will escalate. Person may find fault with other's actions, accuse you, hold you responsible or blame you.

Anger: Characterized by a visible change in body posture. Actions may include pounding fists, pointing fingers shouting.

Hostility: Physical actions of threats which appear imminent. Acts of physical harm or property damage. Out of control behavior signals they have crossed the line.

If you feel threatened:

- Calmly and politely interrupt the conversation
- Tell them that you have to leave for a minute
- Contact Supervisor/Foreman
- Contact police

11.0 AGGRESSIVE DRIVERS

- Avoid eye contact and refrain from exchanging words or gestures and from retaliatory driving maneuvers
- Stay in control
- Allow the driver to pass
- Drop back and let them get far ahead
- If pursued, go directly to a nearby safe area or police station
- Use a cell phone to call for help

12.0 WEAPONS

- Never try to disarm an armed Individual.

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- If possible, try to leave the location and call 911
- Never accept a weapon from an upset, agitated individual; the person may change their mind and turn the weapon on you
- Ask them to set it down on the floor or counter

13.0 DESIGN OF WORKPLACE

The design of work areas must be taken into consideration such as:

- Layout
- Signs
- Locks / physical barriers
- Lighting
- Surveillance
- Location of reception area – if not visible to other employees, install panic button
- Position furniture so that exit is accessible
- Minimize number of entrances
- Alarm other doors
- Consider keys / coded access for entry
- Fence should control access to workplace

14.0 WORK PRACTICES

Keeping employees safe on the job:

- Tell a co-employee where you are working
- Know client contact
- Keep to a schedule
- If your schedule changes, inform the Supervisor/Foreman immediately
- When on service calls, notify office when you are leaving and ETA for next job
- Never enter a situation where you feel threatened or unsafe

15.0 REPORTING AND INVESTIGATION

REPORTING ACTS OR THREATS OF VIOLENCE

The employee is a victim, believes that they are the recipient of a threat of violence, witness an act or threat of violence towards another person, they will:

- Notify Supervisor/Foreman immediately
- Provide detailed information for documentation by Supervisor/Foreman

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- Supervisor/Foreman to assess level of threat
- May need to initiate ERP
- Will call 911 immediately
- Will evacuate premises if immediate danger
- Employee who has reported incident must be placed in safe area away from offender
- Must be available for investigation
- Supervisor will assign other work that the employee is competent to do during normal working hours
- If other work is not available, send escort home with employee
- All incidents, complaints and threats of workplace violence must be reported and investigated.
- A minor threat may blossom into a full bodied incident and therefore must be dealt with immediately to prevent escalation.
- All incidents, complaints and threats of workplace violence must be reported to your Supervisor.
- If the Supervisor/Foreman is the issue, then the victim is to report to the JHSC or Health and Safety Representative.
- A member of the JHSC or Health and Safety Representative may assist the victim in recording the issue on the Accident/Incident Report Form.
- The Form must be completed at the earliest convenience so that escalation of the event does not occur
- The victim may request the person that they wish to report to. The victim may feel safer with some persons over others.
- The victim must be moved to another work location until an investigation has been completed.
- If the threat is likely to evolve into action, then other employees working in close proximity to the offender must be advised
- If necessary, the offender may be removed to another workplace to diffuse the situation by the Supervisor/Foreman or JHSC member
- If that is not possible, then the victim or the offender must be provided with time off with pay until the situation is resolved (i.e.: new workplace, new work assignment, use of EAP)
- If there is an immediate threat to life, then the police must be contacted immediately

16.0 PROCEDURE- POTENTIAL FOR VIOLENCE IN FUTURE

- Employee to notify Foreman immediately
- Provide detailed information to Foreman for documentation
- Foreman to speak with Senior Management to determine when police should be contacted
- Will inform all employees in the vicinity of the potential or threat of violence

Note: Employees must inform the employer immediately of any court order that:

a. has been placed against them; and/or
b. has been initiated by them.

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17.0 INCIDENT INVESTIGATION

VICTIM SUPPORT

- Victims need to be assured by the investigator and senior management that the events of abuse will not reflect on their professional competence

PROCEDURE

- Immediate medical care
- Have police remove offender
- Put controls in place – this will be discussed as part of the investigative process once risks have been assessed
- EAP – counseling – removal from work environment –Co-employee support
- Provide information on their Rights – WSIB
- Senior management to consider options for immediate, intermediate and long term support

POSSIBLE OUTCOMES FOR OFFENDER

- EAP
- Reassignment
- Relocation
- Limit access to areas
- Strict reporting to supervisor
- Discipline
- Termination

RIGHT TO REFUSE

The Bill amends a employee's right to refuse unsafe work to include the right to refuse work if workplace violence is likely (see Refusal Policy Located in Section 5 of the OHS Manual)

1.0 POLICY- HARASSMENT

2.0 LEGISLATION

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Ontario Human Rights Code:

Harassment

Subsection 5(2) of the *Code* states that:

Every person who is an employee has a right to freedom from harassment in the workplace by the employer or agent of the employer or by another employee because of race, ancestry, place of origin, colour, ethnic origin, citizenship, creed, age, record of offences, marital status, family status or disability.

3.0 POLICY

We are developing this Policy on Harassment as acknowledgement of the growing number of accidents, incidents, injuries, deaths and suicides relating to workplace harassment.

4.0 ASSESSMENT

Is not required under the new legislation however some items may come up when the Violence Assessment is done.

There is a difference between normal employee conflict and repeated, continuous behavior that is associated with control and power. It is this last aspect that ties into Harassment in the workplace.

5.0 WORKPLACE BEHAVIOURS VIEWED AS HARASSMENT

- Serious or repeated rude, degrading or offensive remarks, such as teasing about a person's physical characteristics or appearance, put-downs or insults.
- Displaying or sending sexist, racist or other offensive pictures, posters or e-mails.
- Sexual harassment, such as unwelcome social invitations with sexual overtones or flirting.
- Threats, intimidation or retaliation.
- Bullying
- Teasing
- Intimidating or offensive jokes or innuendos
- Displaying or circulating offensive pictures or materials
- Offensive or intimidating phone calls
- Social isolation (silent treatment)
- Rumours
- Personal attack of a person's private life and/or personal attributes
- Excessive or unjustified criticism
- Over-monitoring of work
- Verbal aggression
- Withholding information

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- Withholding job responsibility
- Trivial fault finding
- Replacing proper work with demeaning jobs
- Setting unrealistic goals or deadlines
- Mobbing
- Abuse
- Workplace Aggression
- Horizontal or lateral violence
- Victimization
- Social undermining
- Negative physical contact – throwing objects
- Pitting employees against each other or emphasizing a competitive work style
- Having a lax management style (employees must determine what is acceptable and what is not)
- Making unreasonable demands and goals of employees and managers
- Failing to give supervisors the authority to reprimand problem employees
- Setting impossible deadlines or providing insufficient funding to accomplish a goal
- Repeated and unjustified criticism that is targeted at an individual or individuals, rather than at work performance
- Threats of punishment for no justifiable reason
- Overloading a particular person with too much work or an unreasonable share of unpleasant jobs
- Unwarranted or unjustified constant checking of an employee's work quality, output or whereabouts
- Humiliating a person through criticism, sarcasm and/or insults, especially in front of other staff, customers or clients
- Denying opportunities for training, promotion, interesting jobs or assignments
- Deliberately withholding information necessary for a person to be able to perform work to the required standard
- Sabotaging a particular person's work
- Excluding a particular person from workplace social events
- Spreading gossip or false rumor about a particular person
- Dangerous practical jokes or forms of ritual humiliation, including initiations
- Check your job description - set menial tasks - given an increased workload with shorter deadlines.

SIGNS AND SYMPTOMS MAY INCLUDE

- Grievances by employees against their manager
- Declining work performance of dedicated and hard-working employees
- Increased stress and tensions between employees
- Poor morale
- Reported fear of a co-employee by other employees

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- Individual symptoms of depression
- Increased absenteeism

IMPLICATIONS OF HARASSMENT FOR THE COMPANY

- High turnover - intent to leave the organization – high recruitment costs
- High absenteeism
- Reduced productivity – poor morale
- High rates of injury / illness / stress –related illness
- Increased WSIB claims and costs
- Diminished corporate image
- Potential for legal action
- Poor customer service / loss in business

TYPES OF HARASSMENT

BULLYING:

Body language associated with bullying:

- **Eyes:** narrowed or very wide. Some people report they can see "coldness" in the eyes of a hostile person.
- **Eye contact**: little or none. You may notice that the bully maintains eye contact with others but not with you. That is a sign that you're not important to them or that they want to make sure you know you're not important/worthy of notice.
- **Mouth**: a sneer or a cocky smile. A person who values others shows sincerity in their smile.
- Arms: crossed over chest. This gesture says, "I'm closed to anything you have to say."
- **Body**: turned away from you. A person who is giving you their full attention turns their body toward you.
- **Gestures**: aggressive. Is the bully stabbing the air to make a point, turning away from you before you finish, pointing at you or pounding the desk?

RESPONSES:

Try one of the following to extricate yourself:

- Deflect the bully if you can
- Remain calm, stand firm, and try to keep up a confident appearance.
- Keep a detailed record of every incident; you will need it as proof if you decide to make a complaint.
- Try to get witnesses to bullying incidents, and avoid situations where you are alone with the bully.

Very simply, excuse yourself with one of these bully-proof responses and walk away:

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- Excuse me, I have a meeting to go to.
- I have something I have to attend to. I'll get back with you later.
- Pardon me, I was just heading out. Can we talk tomorrow?
- Let's talk later (this afternoon). I have something that can't wait.
- (Non-defensively) Do you think so? Maybe you're right.
- I don't agree, but I'm sure we can talk about this another time.

6.0 PROCEDURE FOR HARASSMENT

Supervisors and managers who are aware of harassment in the workplace are expected to address the situation promptly, whether or not a complaint has been filed.

A harassment complaint is a serious matter. It will be dealt with promptly and in a confidential manner.

- Make disapproval known ASAP to person
- If that doesn't work then talk to supervisor
- Supervisor will be expected to address situation and resolve problem
- See further Procedure below

PROCEDURE IF YOU ARE ACCUSED OF HARASSMENT:

- If someone tells you that your behaviour is offensive, take it seriously and attempt to resolve the problem with that person.
- Document your response and the resolution
- Tell your Supervisor immediately

MOBBING

Consists of: Exclusion - isolation - ostracism – snubbed – ignored - left out - given a nothing job - never afforded an ounce of recognition or praise

KEY – Won't work without involvement of others

Involvement of others:

- Accomplices
- Show apathy, fear
- Believe victim is lying
- Don't support victim and ultimately become co-conspirators

SIDE EFFECTS:

Headaches	Gastrointestinal problems	Exhaustion
Insomnia	Anxiety	Depression
Burn-out	Panic attacks	Palpitations

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Dermatological disorders

EXHIBIT:

Unhappiness	Despair	Tearful	Irritable
Confused	Sad	Angry	Submissive

LABELLED AS:

Paranoid
Troublemakers

Victims may increase their consumption of alcohol, caffeine, nicotine or drugs.

7.0 REPORTING AND INVESTIGATION

REPORTING ACTS

Must take place immediately for protection of victim and other employees.

Benefits of timely investigation:

- Protection for employees
- Increased productivity
- Good employee morale
- Avoidance of negative publicity within and outside company

SELECTION OF INVESTIGATOR

- Neutral party
- Member of JHSC
- Training in conducting investigation and investigative techniques
- Not associated via family or friendship with either party
- Not immediate supervisor of either victim or offender

8.0 PROCEDURE

A formal process usually has the following steps:

- Written complaint to Supervisor – dates, times, names of witnesses, what happened
- Supervisor to meet separately with both parties to explain process, rights, responsibilities
- Impartial investigator to look into complaint
- Investigator contacts alleged offender in writing to provide details of complaint

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- Investigator interviews alleged offender
- If alleged offender:
  - Admits behavior:
    - Disciplinary Action implemented
    - Referral to support services
  - Does not admit behavior:
    - Further investigation required to determine facts
    - Investigator to meet with complainant and witnesses
- Investigator should meet with complainant and offender separately to discuss results of further investigation
- This will be followed up in writing IF the outcome is agreeable to both parties
- Report all outcomes to Supervisor and senior management within 1 week of complaint being received
- If complaint cannot be substantiated:
  - Victim: Assist in finding resources to assist with coping mechanisms
  - Offender: Assist in finding resources to assist in understanding their behavior
- Advise that decision can be appealed within 6 months
- Follow up on a bi-weekly basis with victim to ensure that situation is resolved to their situation for a 6 month period
- Provide written follow-up report to Supervisor and Senior Management

9.0 PROCEDURE FOR ACTUAL INVESTIGATION

- Visit scene immediately
- Ensure that victim and offender are in separate areas
- Interview injured / threatened employees / witnesses
- Interview complainant and offender - only those individuals absolutely necessary to maintain confidentiality.
- If interviewing witnesses, encourage confidentiality
- Review risk factors – inappropriate behavior of offender
- Determine cause
- Review controls
- Record findings
- Record actions to mitigate incident
- Provide copy of report to: senior management, victims, other employees
- Train in new controls
- Be aware of confidentiality of information
- Mitigation:
  - Ensure that police have been notified
  - Arrange medical care
  - Arrange counseling for PTS

WRITTEN REPORT

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- To be done within 1 day of speaking with all workplace parties
- Should include:
    - Impact of abuse on victim
    - Nature of abuse
    - Degree of aggressiveness
    - Physical contact
    - Time frame of abuse
    - Frequency
- Recommendations for offender

NOTE: As with all MOL Reports, they are due at the MOL within 48 hours

RECRIMINATION

- No penalty to complainant
- Only the complainant's correspondence is to appear in their personnel file
- All other correspondence is to be kept in a locked location by the assigned investigator

ACTION ARISING FROM COMPLAINT

- Level of Corrective Action to be applied

UNSUBSTANTIATED COMPLAINTS OR COMPLAINTS MADE WITH MALICIOUS INTENT

- Immediate termination of employment / Services Contract

CONFIDENTIALITY

- All information is considered to be confidential
- All workplace parties involved in the resolution process (Supervisor, complainant, offender, witnesses, Senior Management, Investigator) must sign the confidentiality agreement
- No information arising from the incident may be discussed / disclosed to another party without the written consent of the victim
- Failure to observe this will result in immediate termination

FOLLOW UP

- PTS can result in an escalation of violence and harassment

10.0 POSSIBLE OUTCOMES FOR OFFENDER

EAP	Reassignment	Relocation
Strict reporting to supervisor		Discipline

RESOLUTION

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- A mediator must be selected either from the workplace (i.e.: JHSC) or third party to resolve the issue
- Both the victim and the offender must be interviewed separately
- Full documentation must take place in both interviews and should include:
    - Recommendations should be discussed with both parties – they may include EAP, different work shifts
    - Recommendations should be discussed with the victim and then the offender
    - If the victim is unable to agree to the recommendations, then further recommendations must be developed
    - The recommendations must be signed off by both parties

FOLLOW UP

- Each week, following the initial action, a member of the JHSC or other designated party must talk with the victim to see how things are
- This must be documented and signed by both the victim and the interviewer
- If the situation is found not to be resolved, then further action must take place
- This should be in consultation with the JHSC, immediate Supervisor and victim
- Victim's willingness to access support needs to be considered in developing the follow-up plan.
- Victims of abuse may minimize or deny an incident of violence or harassment

RIGHT TO REFUSE

The Bill amends an employee's right to refuse unsafe work to include the right to refuse work if:

- Workplace violence is likely (see Refusal Policy)

11.0 TIME FRAMES

Investigation

- Will take place within 2 days of complaint being received
- Interviews with victim and offender to take place no later than 3rd day of complaint being received
- Meeting to discuss outcome to be done no later than 5th day of complaint being received unless:
    - Victim or offender unreachable
    - Witnesses unreachable (vacation)
- Written report outlining:
- Complaint
- Interviews with victim and offender
- Interviews / substantiating information

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- Suggested resolutions
- Outcome selected
- Follow up timetable – who will speak with whom, next steps if further violation
- All resolution must be in writing and signed by both parties as an agreement of understanding of the process and outcome that has taken place

APPEALS

- If either victim or offender are dissatisfied with the results of the outcome, they can file, in writing, an appeal
- It should be addressed to the investigator and senior management
- It should outline their protestation(s), reason(s), further information
- Investigator will then discuss with Supervisor, Senior Management, union and a mediator will be brought in requested by complainant

Note: It is suggested that both victim and offender have someone with them who can take notes for them during an Appeals

RETALIATION

- The 'zero tolerance' aspect to both Policies applies here
- If there is retaliation on the part of the offender, then Level Three Corrective Action will be taken
- If the behaviour continues, then termination will result
- At all stages, documentation must be provided of all conversations

BAD FAITH COMPLAINTS

False complaints of harassment are truly damaging to workplaces.

- Subject to 5-day suspension without pay

12.0 RECORD KEEPING

- Reviewed annually by Senior Management, JHSC:
    - Employee productivity
    - Absenteeism
    - Grievances
    - Work-related injuries
    - Client complaints
    - Corrective Actions

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13.0 ROLES AND RESPONSIBILITIES

Senior Management will:

- Communicate this policy and its procedures to all employees
- Conduct Assessments
- Consult with JHSC
- Annually review policy
- Respond promptly to all reports of violence & harassment
- Ensure events of violence & harassment are investigated
- Document the incident, its investigation, and corrective action taken
- Review hazard assessments annually
- Post Policy
- Designate one workplace coordinator /person to deal with investigation

Health and Safety Consultants will:

- Assist in implementation of Program
- Initiate the annual review the policy and procedures

JHSC will:

- Review the Workplace Violence Hazard Assessment results and provide recommendations to management to reduce or eliminate the risk of violence
- Review all reports forwarded to the JHSC regarding workplace violence and other incident reports as appropriate pertaining to incidents of workplace violence that result in personal injury or threat of personal injury, property damage, or police involvement
- Respond to employee concerns related to workplace violence and communicate these to Senior Management
- Participate in the review of the policy and guidelines for continuous improvement
- Monitor patterns of absenteeism, sick leave, staff turnover, grievances, injury reports and other such records to establish any regular patterns or sudden unexplained changes

- Monitor deterioration in workplace relationships between employees, clients or managers
- Monitor feedback from exit interviews or feedback given directly from managers/supervisors or any other internal or external party
    - Participate in development of Policies and Procedures
    - Assist in Risk Assessment
    - Make written recommendations to Employer to maintain workplace safety

Employees/Workers will:

- Not engage in or ignore violent, threatening, intimidating or other disruptive behaviours

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- Report incident where subjected to, is a witness to, has knowledge of or has reason that violence or harassment will occur to Foreman immediately

Supervisor will:

- Provide support and training on employer assistance
- Encourage victims and co-employees to report
- Encourage staff to report bullying
- Take all complaints seriously and ensure a thorough investigation is completed
- Investigate all complaints promptly
- Monitor staff behaviours and deal with inappropriate behaviours promptly
- Attend education/training sessions on how to effectively deal with bullying
- Provide staff with regular education/training in harassment/ discrimination policies

Union will:

- Teach union leaders and stewards to recognize signs of workplace violence and harassment
- Cooperate with supervisors to coordinate prevention / reporting/ investigation
- Provide resources to assist the victim
- Negotiate needs of victim

Co-employee will:

- Recognize signs of Violence and Harassment
- May offer to screen offender's calls/ e-mails

Victim:

- Should report immediately all incidences of existing or potential violence and harassment
- Should know that other workplace parties may need to be informed of their abuse in order to protect others
- Confidentiality will be maintained – only as much information as necessary to protect the victim and other employees will be divulged

Sub – Contractors will:

- Will be expected to develop a Policy and Procedure for Violence and Harassment
- Train their own employees
- Have a system in place to handle incidents

14.0 COMMUNICATION AND TRAINING

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- Post policies in washrooms, lunch rooms, lobby
- Put in company manual
- JHSC Minutes
- Daily Huddles

Should include:

- What to look for – identification of violence and harassment
- Techniques for de-escalation
- Procedures
- Forms
- To all current employees when the policy is first implemented.
- New job assignments or hazards
- Review:
    - Procedures / Policies
    - Methods to diffuse
    - Exits
- Summon immediate assistance;
- Report incidents of workplace violence to the employer or supervisor;
- Investigation

Delivered via:

- Daily Huddles i.e. Safety Talks
- Safety Meeting

15.0 EVALUATION

- Annually by JHSC and Senior Management
- More frequently if incidents occur

16.0 FORMS

IAPA Assessment Forms
Accident/Incident Reporting Form

17.0 REFERENCE MATERIAL

IHSA, WSIB
(Swanberg, Macke & Logan 2006; Swanberg, Macke & Logan 2007; Zachary 2000)
(Anderson 2002; Rothman et al. 2007; Swanberg, Logan & Macke 2005)

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EHScompliance.ca
Best Practices for Workplace Promotion of Violence Prevention PEI
OSACH
A Guide to the Canadian Human Rights Act
http://www.chrc-ccdp.ca/legislation_policies/chra_guide_lcdp-en.asp
Anger Management Resource (for bullies)
http://www.angermanagementresource.com/
BullyFreeWork http://bullyfreework.com
Bully Free at Work http://www.bullyfreeatwork.com
Bully Online Support Group http://finance.groups.yahoo.com/group/bullyonline/
Canadian Centre for Occupational Health and Safety – general information
http://www.ccohs.ca/oshanswers/psychosocial/bullying.html
Canadian Injured Employees Alliance http://www.ciwa.ca/
Canadian Legal Information Institute (CanLII) http://www.canlii.org/
Canada Safety Council – Bullying in the Workplace
http://www.safety-council.org/info/OSH/bullies.html
Chartered Institute of Personnel and Development www.cipd.co.uk
Doors of Hope (support information for victims of child and adult abuse,
domestic violence, sudden death, school violence, bullying, etc.) http://www.doorsofhope.com
Monster.ca: Workplace Bullying Forum
http://monster.prospero.com/n/pfx/forum.aspx?webtag=mstworkbully
Nineveh Support Group (Christian ministry to support victims of bullying)
http://groups.yahoo.com/group/Nineveh/
Bullying in the Workplace: A handbook 34 for the workplace No Bully For Me

http://www.nobullyforme.org/
Ontario Human Rights Code – Policies http://www.ohrc.on.ca/en/resources/Policies
Psychological Harassment Information Association http://www.psychologicalharassment.com/
Public Health Agency of Canada: http://www.phac-aspc.gc.ca/dca-dea/pubs/ffc-ief/pdf/ffc_aggression.pdf
Stop Bullying in South Australia http://www.stopbullyingsa.com.au
The Commission of Occupational Safety and Health, Government of Western Australia
http://www.worksafe.wa.gov.au
The Law Society of Canada http://www.lsuc.on.ca/
The Workplace Bullying and Trauma Institute – materials and references
http://bullyinginstitute.org/
UK National Workplace Bullying Advice http://www.bullyonline.org/workbully/amibeing.htm
Workplace Bullying – Bullying in the News http://workplacebullying.org/press.html
Workplace Bullying Institute http://www.workdoctor.com/
Workplace Mobbing in Canada http://members.shaw.ca/mobbing/mobbingCA/index.htm
(Hutchison et al. 2005; Rowell 2005)

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SECTION - 8

APPENDIX'S
FORMER GM
ONTARIO STREET
PLANT DEMOLITION

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APPENDIX A: DEMOLITION

POTENTIAL HAZARDS: Falling Materials, Moving Machinery, Slip or Trip, Housekeeping, Material Storage, Access/Egress, Excavation Hazards.

CONTROLS:

Daily Hazard Assessments/Toolbox Talks will be performed at the start of each shift to encourage awareness of hazards that will be present on a daily basis. A Health and Safety Meeting will be held to review previous weeks activities, near misses etc. and prepare for the coming work. We encourage all to be active and aware of what is going to be happening at the site.

All Hot Work and Confined Space will require a Permit to be issued and as such will be provided by the site Supervisor.

Access to and Egress from is monitored and maintained within the work area in the building. Areas deemed as Confined Space will be provided with a Separate sign in area at the access/egress of the Confined Space. In the event of a spill the Emergency Response Plan will be put into effect.

COMPETENT PERSONS:

The Competent Person shall conduct daily workplace inspections in a site specific workplace inspection report as approved by Project Management. In addition the Site Supervisor will maintain a Daily Construction Log Book to assist with the tracking of site conditions at the site.

Competent Persons:

Jimmy Dibenedetto – Management/Supervision
Tamas Kalenda – Engineering Consultant
Craig Rodgers – HSE Consultant
Environmental Consultant – TBD

Note: Other Competent Persons will be identified as the stages of demolition evolve.

APPENDIX B: ASBESTOS ABATEMENT (Type I, II, III)

POTENTIAL HAZARDS: Respiratory, Environmental Containment, Training, Housekeeping, Material Storage.

CONTROLS:

All worker performing work associated with the Asbestos Abatement Process shall be adequately trained in accordance with the standards in accordance with the Occupational Health and Safety Act and O.Reg. 213/91.

All asbestos containing materials identified for removal are outlined in the Preliminary Hazardous Building Materials Assessment provided by Pinchin Environmental dated August 15, 2015.

Hazard Assessments as provided in the Project Specific Safety Plan identify the task and control mechanisms to maintain a safe working environment.

The availability of wash water/clean up station will be strictly monitored to ensure proper hygiene. The use of a three tiered decontamination unit will be utilized for employees working within Type III asbestos abatement contaminents.

Competent Persons:

TBD

APPENDIX C: MERCURY REMOVALS

WORK ACTIVITY: Fluorescent lamps, mercury vapour lamps, metal halide lamps, high pressure sodium lamps and neon lamps throughout the facility. Mercury-containing thermostats, manometers, switches and boiler flow valves throughout the facility. Remove mercury-containing thermocouples where present in furnaces, ovens etc. throughout the facility.

POTENTIAL HAZARDS: Injection, absorption through skin exposure.

INSTRUCTION AND TRAINING:

Instruction and training will be provided to all workers and supervisors to include:

1. Hazards of Mercury
2. Use, care and disposal of protective equipment, clothing that is to be used and worn.
    - Limitations of the equipment
    - Inspection and Maintenance of the equipment
    - Proper fitting of the equipment
    - Disinfecting and cleaning of the equipment
3. Personal hygiene to be observed when performing the task
4. Mercury packaging and disposal of fluorescent light bulbs/tubes etc.

PERSONAL PROTECTIVE EQUIPMENT:

The workers involved in cleaning up the broken tubes are required to wear disposable robber or nitrile gloves, safety glasses, and clothing appropriate in protecting the skin from cuts or scrapes. Refer to Pinchin Environmental Report dated August 15, 2014.

WASTE DISPOSAL:

1. Wear PPE at all times when disturbing lamps, equipment and other items that may contain Mercury.
2. Do not drop mercury-containing materials.
3. Do not contaminate building surfaces with mercury.

4. Protect work area by installing polyethylene drop sheets or sealed polyethylene sheeting below, and surrounding work area.
5. Isolate, at panel, and disconnect existing power supply to electrical equipment. Power supply to the remaining areas of the building must not be disrupted during work of this section.
6. Package lamps in cardboard boxes designed for lamps of that size. Do not break lamps. When full:
    - Seal liner bag with duct tape
    - Seal drum with lid, gasket and compression ring
    - Affix Label
    - Do not leave liner bags or drums open overnight
    - Transfer filled drums to temporary storage area on a daily basis

Sanitation is extremely important. Proper hand washing is mandatory prior to smoking and eating. The availability of wash water will be strictly monitored to ensure proper hygiene. Eating and smoking is strictly prohibited in areas where removals are taking place and shall be done at designated areas only.

SPILL CONTAINMENT:

Refer to the Pinchin Environmental Plan for specifics.

COMPETENT PERSONS:

TBD

APPENDIX D: PCB REMOVALS

WORK ACTIVITY:

1. Identify ballast and other electrical components as either PCB or Non PCB containing.
2. Remove and package PCB-containing ballast that have been identified.

POTENTIAL HAZARDS: Injection, Inhalation, Absorption. Potential exposure to PCB's.

INSTRUCTION AND TRAINING:

Instruction and training will be provided to all workers and supervisors to include:

1. Hazards of PCB's
2. Use, care and disposal of protective equipment (Respirators and Filters), clothing that is to be used and worn.
    - Limitations of the equipment
    - Inspection and Maintenance of the equipment
    - Proper fitting of the equipment
    - Disinfecting and cleaning of the equipment
3. Personal hygiene to be observed when performing the task
4. The measures and procedures prescribed by this section

PERSONAL PROTECTIVE EQUIPMENT:

During work involving PCB's, workers are to wear the following PPE:

- Rubber Gloves
- Rubber Aprons
- Protective Coverall
- Protective Eyewear

CONTROLS:

1. Personal Protective Equipment to be worn at all time when performing work where PCB's may exist.
2. Do not contaminate building surfaces with PCB's.
3. Install polyethylene at immediate work areas.
4. Immediately Notify Supervision of any PCB spill.
5. Place PCB waste on polyethylene immediately after removal.

6. Avoid dropping the PCB waste.
7. Handle PCB waste with care. Do not throw into drums or other waste containers.
8. Isolate/Lockout power supply to the electrical equipment. Test equipment by a qualified person prior to commencing work.
9. Identify live power in immediate work areas. Place signage where required.
10. Remove ballast as specified.
    - Pour 2" layer of vermiculite or absorbent in containment drum. Place polyethylene liner into containment drum. No further fill is required.
    - Place ballast in containment drum.
11. When full:
    - Seal liner bag with duct tape
    - Seal drum with lid, gasket and compression ring
    - Affix specified and completed label
    - Do not leave liner bags or drums open overnight
12. As filled drums accumulate, transfer to temporary storage area.
13. Temporary storage area to be a fully enclosed block wall room within the building.
14. Place signage at the storage area
15. Remove waste gloves, aprons et. And package as required.

COMPETENT PERSONS:

TBD

APPENDIX E: Conveyance Chamber De-commissioning

POTENTIAL HAZARDS: Injection, absorption through skin exposure, Fall Hazards. Oily water, congested area, confined space.

SITE CONDITIONS:

1. There are various in-ground conveyance chambers and pits throughout the structure, some of which may reach depths of up to 10 meters. These chambers and pits were formerly used for housing equipment and conveyance of coolants for the previous automotive parts manufacturer.
2. For purposes of this document, the conveyance chambers and pits are assumed not to be considered a confined space. This may change as the de-commissioning process begins. A confined space assessment will be conducted once it is deemed to be a confined space.
3. Refer to Site Plan entitled "East Cooling System Monitoring Route" and West Cooling System Monitoring Route" for approximate locations of the conveyance chambers and pits at the site.
4. It is assumed that the total volume of void space that is required to be infilled within the various conveyance pits and chambers is 10,000 cubic meters.
5. It is assumed that the various conveyance pits and chambers have a total surface area of 4,000 square meters.

WORK ACTIVITIES:

1. Coordinate the following items with the owner, including but not limited to:

    - Electrical Isolations,
    - GFI Connections
    - Water connections,
    - HVAC connections,
    - Hoarding walls,
    - Bin placement,
    - Access/Egress
    - Hours of work
    - Schedule

2. Retain the services of a qualified Occupational Health and Safety Consultant to conduct a confined space assessment of the conveyance chambers and pits to determine whether these areas are considered to be a confined space under the OHSA and Regulations, and confirm the industrial hygiene practices applicable to the work such as required respiratory protection and associated practices and procedures.

3. Retain the services of a Professional Engineer of Ontario licensed structural engineer to prepare detailed structural plans and specifications for the conveyance chamber and pit de-commissioning program. This is to include the required concrete strength that is used for infilling the conveyance chambers, pits and associated underground drains and corridors.
4. Prepare a report detailing the locations, estimated surface areas and estimated volume of the various conveyance chambers and pits on an individual and total basis, including all associated underground drains and corridors. The report should also include the quantities of fill materials, the estimated quantities of liquids to be used and effluent generated from the cleaning of the concrete surfaces. The report shall be based on the surveys, plans and recommendations of the structural engineer. Designs should consider the current and anticipated future load requirements.
5. Conduct pressure washing of the walls and floors of the conveyance chambers and pits in order to remove any residual oil film present. The pressure washing will employ the use of hot water and a phosphate-free detergent. All recovered effluent is to collected and disposed of under a waste manifest to an off-site licensed receiver. The liquid waste is assumed to be classified as industrial liquid waste. Registration of the site on the Ontario Ministry of Environment and Climate Change (MOECC) Hazardous Waste Information Network (HWIN) is to be completed in order to facilitate the waste disposal. All documentation from the liquid waste disposal activities are to be provided on a weekly basis.
6. Supply and place on-site demolition masonry materials, to in-fill all void spaces present within the conveyance pits, chambers and associated underground drains and tunnels. Slump is to be verified on site. Actual quantities and specifications for concrete are to be based on the plans, reports and recommendations.

INSTRUCTION AND TRAINING:

Instruction and training will be provided to all workers and supervisors to include:

1. Hazards of Oily Water
2. Fall Hazards
3. Use, care and disposal of protective equipment (Respirators and Filters), clothing that is to be used and worn.
    - Limitations of the equipment
    - Inspection and Maintenance of the equipment
    - Proper fitting of the equipment
    - Disinfecting and cleaning of the equipment
4. Personal hygiene to be observed when performing the task

5. The measures and procedures prescribed by this section

CONVEYANCE CHAMBER AND PIT DECOMMISSIONING:

1. Wear PPE at All times when handling, transferring or removal of oily water generated from cleaning of the conveyance chamber and pits.
2. Do not contaminate building surfaces with oily water.
3. Install polyethylene sheeting to protect surfaces and finishes.
4. Immediately notify the Supervisor of any liquid spills.
5. Place subject waste including: spent PPE or other equipment on polyethylene sheeting immediately after removal.
6. Remove contaminated material including gloves, aprons, rags, hoses, solvents, protective coveralls etc. and package as per the above.

APPENDIX F: SILICA

POTENTIAL HAZARDS: Inhalation.

Silica Management

During the site investigation materials such as plaster, tiles, concrete building materials and brick and mortar were observed throughout the structure. Free crystalline silica is present in these materials.

Appropriate work practices and procedures including adequate ventilation and respiratory protection will be utilized during the demolition of the structure as per "Designated Substances – Silica" O. Reg. 845/90 by O. Reg. 490/09.

The OHS Branch of the Ministry of Labour has published the document entitled "Guideline: Silica on Construction Projects". This document classifies the disturbance of materials containing silica as Type 1, 2 or 3 work, and assigns different levels of respiratory protection and work procedures for each classification. These procedures will be followed when performing work involving the disturbance of silica-containing materials.

EMPLOYEE COMPLIANCE AGREEMENT

Job Title: _____

Employee: _____ **Date of Orientation:** _____

Welcome! Bayshore Groups has prepared this Orientation to provide you with a brief overview of our Health and Safety Program. For accurate reference, please refer to the Bayshore Groups Health and Safety Program Manual.

If you have any questions or concerns, please speak to your supervisor. By signing below, you are indicating that you understand the noted issues as discussed and will comply with All Company, Policies, Practices and Procedures as noted below;

- Health and Safety Policy Statement.
- Hazard Identification and Control.
- General Safety Rules
- Personal Protective Equipment
- Guarding
- Lockout/Tagout
- Confined Space
- Smoking
- Drugs and Alcohol
- Fall Protection
- Equipment and Property
- Joint Health and Safety Committee.
- Health and Safety Education/Training.
- First Aid.
- Pre-shift Inspections.
- Preventive Maintenance.
- Injury/Incident Investigation.
- Senior Management Team.
- Early and Safe Return to Work.
- WHMIS.
- Emergency Preparedness.
- Safe Operating Procedures.
- Environmental Protection
- Dealing with MOL, MOE & WHS
- Work Refusal
- Harassment
- Disciplinary Procedures

Employee's Signature: _____ **Date:** _____

"F" Dynamic Insustrial Services Pipe-line Graph 16 104465 IL - 282 Ontario St.

Dynamic Industrial Services Inc.
335 Townline Rd, L0S1J0
Niagara-on-the-Lake, ON
Phone: 905-680-6555
Fax: 905-680-6512

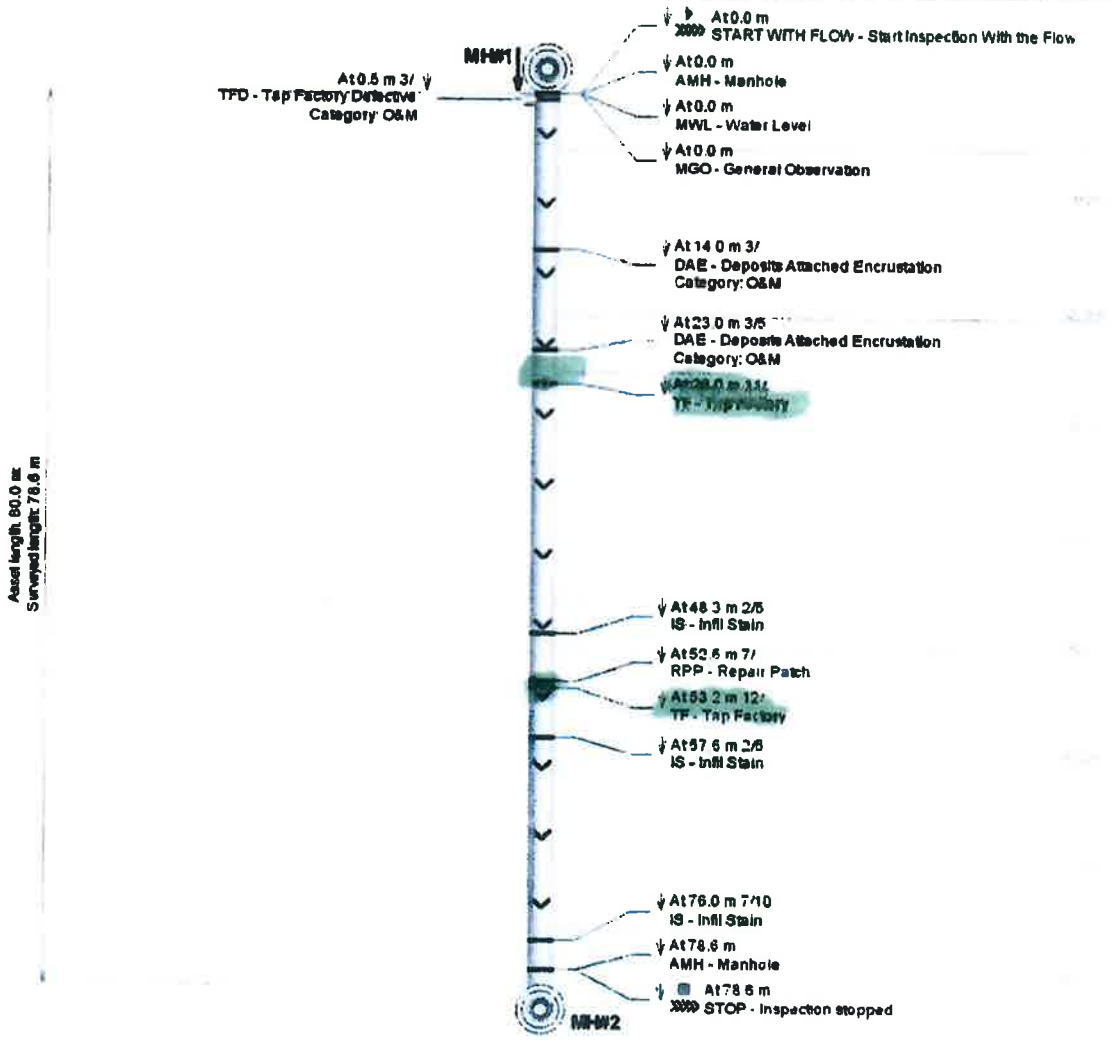
GRANITE XP
Pipeline inspection and integrity solutions

Main Inspection with Pipe-Run Graph

Project Name:	Pipeline segment ref:	City:	Street:
GM ONTARIO STREET	MH#1-MH#2	SAINT CATHARINES	PLEASENT AVENUE

Start date/time:	Width:	Height:	Material:	Location code:
4/13/2016		1,400	BR	C

Direction:	Length surveyed:	Weather:	Media label:
Towards Downstream	78.6	1	



Dynamic Industrial Services Inc.
335 Townline Rd, L0S1J0
Niagara-on-the-Lake, ON
Phone: 905-680-6555
Fax: 905-680-6512

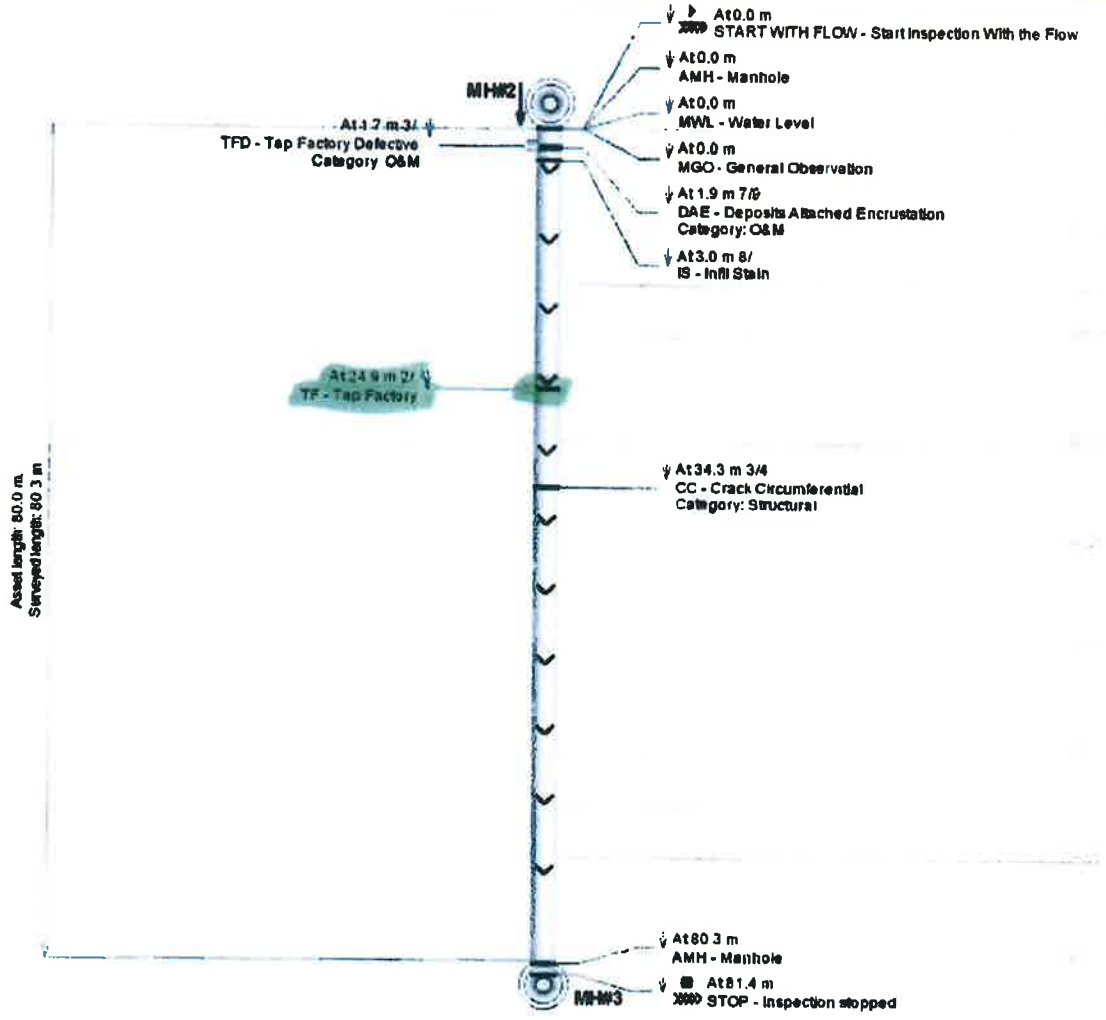
GRANITE XP

Main Inspection with Pipe-Run Graph

Project Name:	Pipeline segment ref:	City:	Street:
GM ONTARIO STREET	MH#2-MH#3	SAINT CATHARINES	PLEASANT AVENUE

Start date/time:	Width:	Height:	Material:	Location code:
4/13/2016		1,400	BR	C

Direction:	Length surveyed:	Weather:	Media label:
Towards Downstream	80.3	1	



Dynamic Industrial Services Inc.
335 Townline Rd, L0S1J0
Niagara-on-the-Lake, ON
Phone: 905-680-6555
Fax: 905-680-6512

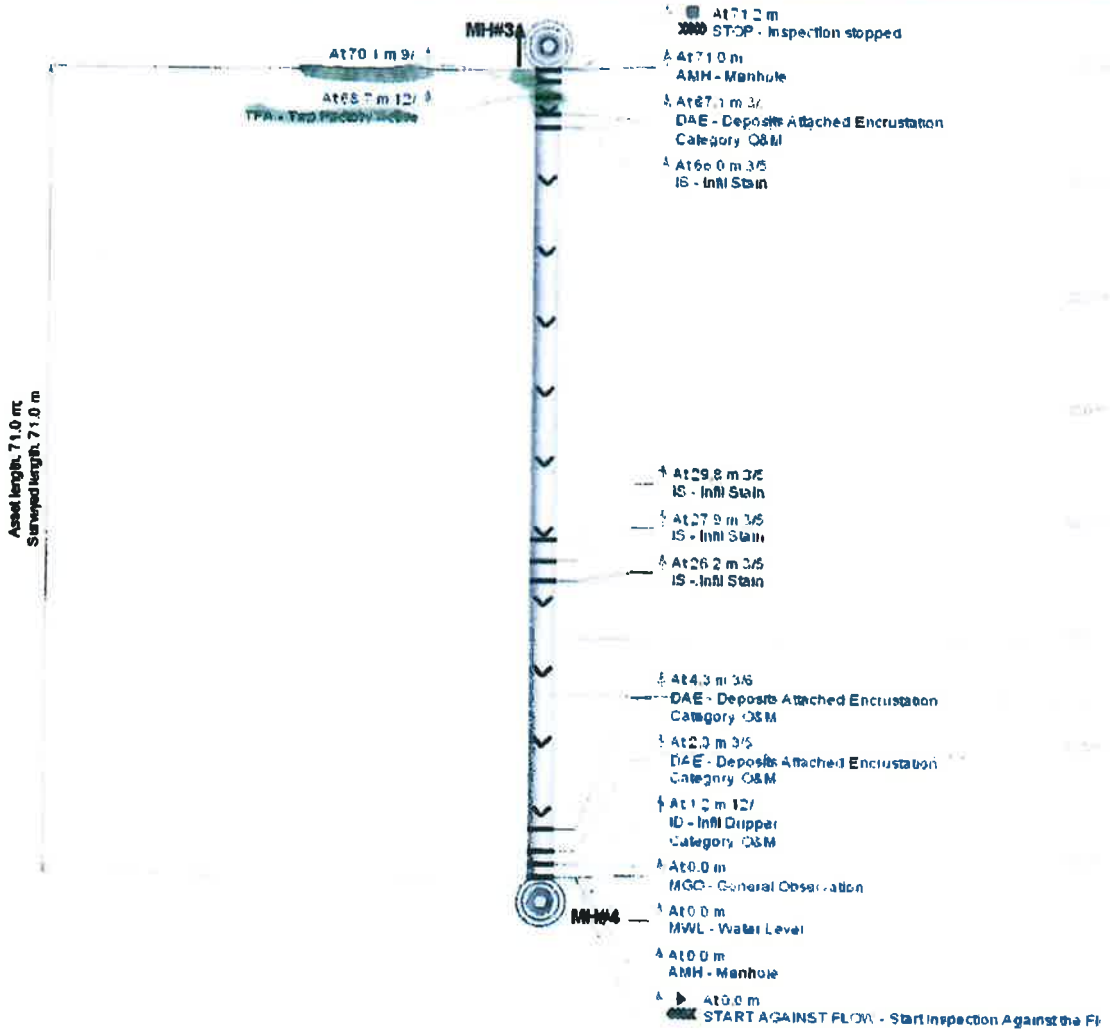
GRANITE XP

Main Inspection with Pipe-Run Graph

Project Name:	Pipeline segment ref:	City:	Street:
GM ONTARIO STREET	MH#3-MH#4	SAINT CATHARINES	GM PLANT

Start date/time:	Width:	Height:	Material:	Location code:
4/13/2016		1,400	BR	G

Direction:	Length surveyed:	Weather:	Media label:
Towards Upstream	71.0	1	



Dynamic Industrial Services Inc.
335 Townline Rd, L0S1J0
Niagara-on-the-Lake, ON
Phone: 905-680-6555
Fax: 905-680-6512

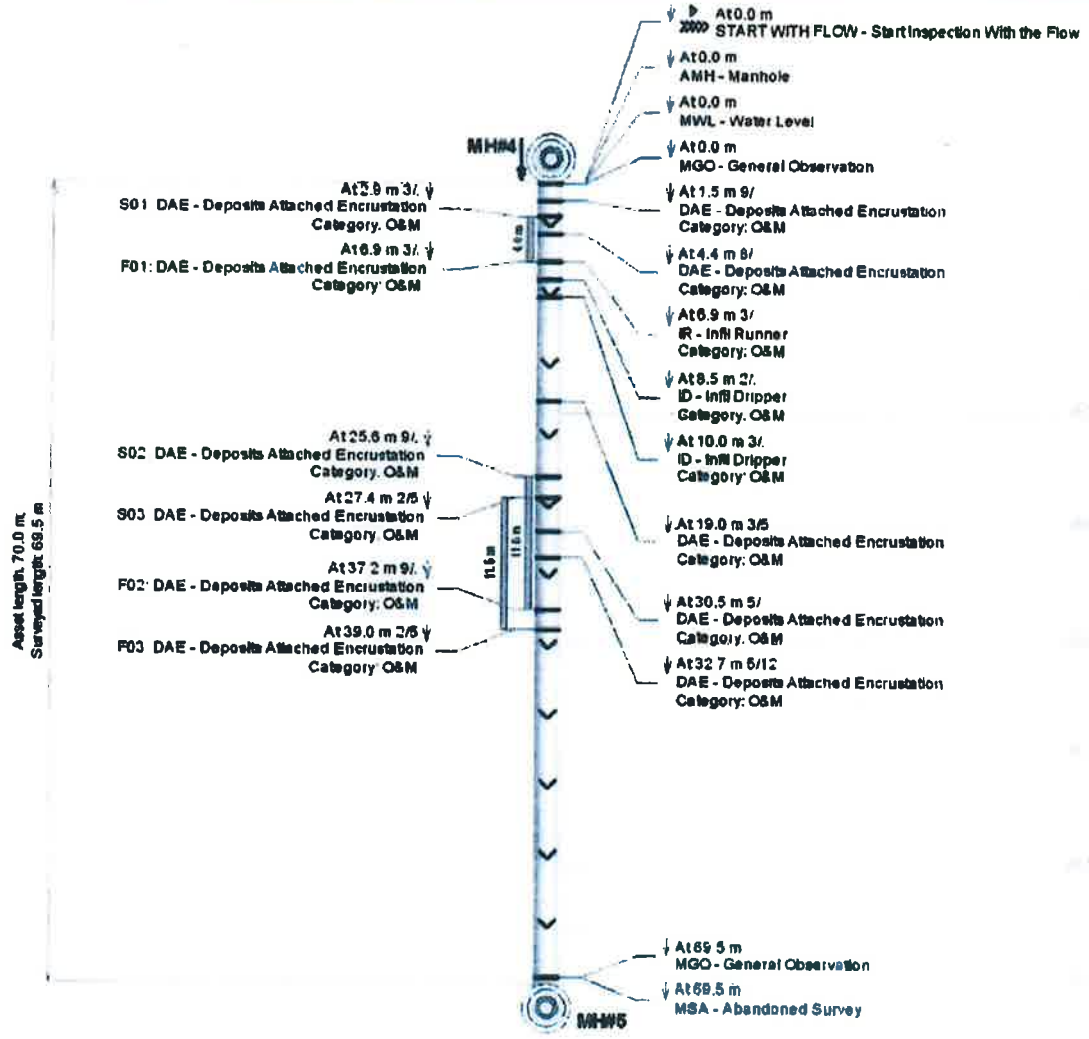
GRANITE XP

Main Inspection with Pipe-Run Graph

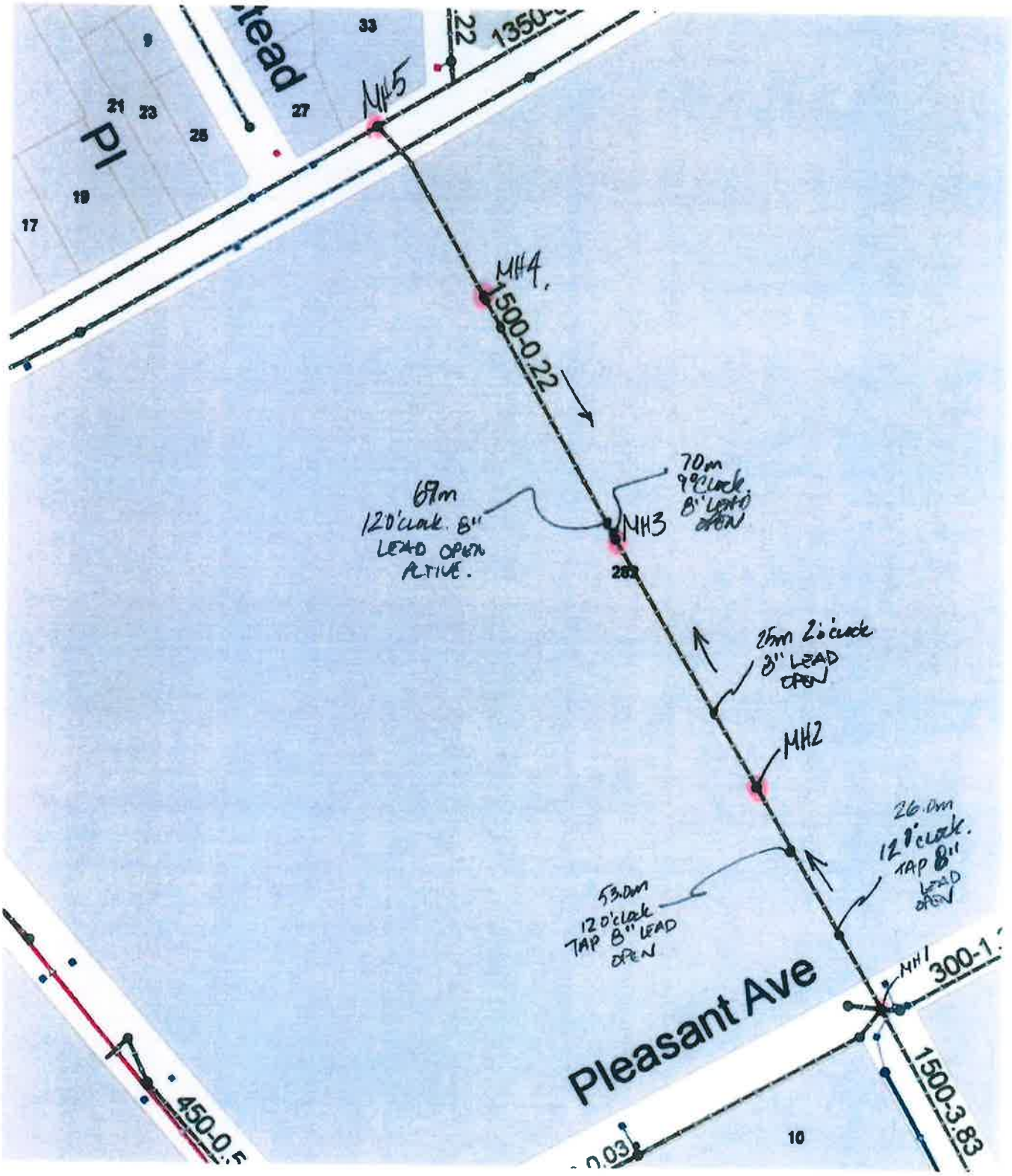
Project Name:	Pipeline segment ref:	City:	Street:
GM ONTARIO STREET	MH#4-MH#5	SAINT CATHARINES	GM PLANT-CARLTON STREET

Start date/time:	Width:	Height:	Material:	Location code:
4/13/2016		1,400	BR	C

Direction:	Length surveyed:	Weather:	Media label:
Towards Downstream	69.5	1	



Johnston, Brad



"F" Decommissioned Water Services 16 104465 IL - 282 Ontario St.

Carrera, Sam

From: Johnston, Brad
Sent: Wednesday, February 10, 2016 11:25 AM
To: Carrera, Sam
Cc: Burrows, Sandra; Swanwick, Carolyn; Hornall, Paula; Johnston, Brad
Subject: RE: Pre-Demo of 282 Ontario St. (Former GM ssite)
Attachments: 282/285 Ontario Street Decommissioned Water Services

Sam,

Previously, we took in the fees noted below through the Demo Permit from last year. The water services have been since decommissioned by both City forces and Regional forces. The actual costs for the City to complete this work are attached and will again be associated to a new SV folder for collection once the Demolition permit has been applied for. The other fees to decommission the one (1) existing sanitary lateral and Video Inspect the combined sewer bi-secting the property from Carlton Street to Pleasant Avenue before and after demolition, will also once again be collected, the amounts as per below and based on Actual costs.

Total amounts of fees to be collected applicable to the East site of the GM site at 282 Ontario Street:

- $1000 deposit to decommission one (1) sanitary sewer lateral based on actual costs
- $1000 deposit to Video inspect the combined sewer bi-secting the property before and after demolition based on actual costs
- $15,786.67 actual costs for City crews having completed the required water lateral disconnections to the property

Please advise if this is acceptable and I can set up the fees once the Application has been made and attach the new SV folder to the new Demo Permit folder.

Regards,

Brad Johnston C.E.T.
Development Engineering Technologist
Email: bjohnston@stcatharines.ca
Tel: 905.688.5601 x1620

From: James Di Benedetto [mailto:jimmy@bayshoregroups.com]
Sent: Tuesday, February 02, 2016 2:56 PM
To: Carrera, Sam
Subject: Re: Pre-Demo of 282 Ontario St. (Former GM ssite)

Thank You I will get on it.
On 2016-02-02, at 2:24 PM, Carrera, Sam wrote:

Hi Jim,

The following are outstanding items that will need to be addressed prior to the Demolition Permits being issued.

East Side (282 Ontario)

1. A $1000 actual cost deposit must be paid to decommission 1 sanitary lateral. (If the laterals are exposed at the property line during demolition and our Lake Street Service Centre is called to complete the required capping, the final cost will be less)
2. A $7500 actual cost deposit must be paid to decommission 3 water services.
3. A $1000 actual cost deposit must be paid to TV inspect the municipal sewer that traverses the property from Pleasant to Carlton to ensure demolition of the building has not affected the sewer.
4. The owner must submit a TV record of the municipal sewer that crosses the property to confirm the existing condition. This must be completed prior to the demotion permit being issued for this property.
5. Based on the records provided and records the City has on file, we believe the water service within the tunnel connected to the Office building is currently used for fire purposes only. The domestic water service for the office building is provided by through the tunnel connected to the Power House. Since the existing domestic supply is through a building that is to be demolished, it would be necessary to complete internal plumbing works to connect the domestic service for the office building to the fire supply and disconnect from the existing domestic service so that the remainder of the buildings can be demolished. For this work, a new meter must be installed on the new domestic service and a plumbing only permit must be obtained for any alterations to the plumbing system. Please provide confirmation that our assumption is correct and of how the separation of these services this will be achieved prior to the demolition permit being issued.

The following are conditions are applicable once the permit is issued (applicable for both sites)

If any additional connections are found to the municipal sewer and/or watermain, they must be staked at the property line and reported to the appropriate municipal Water or Sewer Foreman for decommissioning.

The contractor must ensure that municipal sewers located within this property are protected and not damaged during demolition.

Sam Carrera Dipl. T. (Arch), M.A.A.T.O., CBCO, CRBO
Building Plans Examiner
Email: scarrera@stcatharines.ca **Visit:** www.stcatharines.ca
Phone: 905.688.5601 x1622 **TTY:** 905.688.4TTY (4889)
Mail: PO Box 3012, 50 Church Street, St. Catharines, ON L2R 7C2



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Click here to report this email as spam.

"F" Decommissioned Water Services

16 104465 IL - 282 Ontario St.

Carrera, Sam

From: Carrera, Sam
Sent: Thursday, October 08, 2015 9:11 AM
To: 'jimmy@bayshoregroups.com'; Teppei Kamei (teppei@bayshoregroups.com)
Subject: 285 Ontario St.

Good morning,

We are still awaiting fees of $4,000.00 to be paid by you for TV existing storm sewer overflow and decommissioning of 3 existing sanitary sewers.
If you have any additional questions please contact me as noted.

Regards

Work ID: **640986**

Drain WO *NOT approved*

Alt ID:

Asset: **SL5500002850000**

Run: *10/7/2015 3:59:56 PM*

Priority: Status: **Active** Assigned to: **Peat, Mark**

Start: **10-Apr-15** 10:20 AM Reqd by: **10-Apr-15** Requested by: **William Bartels 905-312-9506 x 304**

Work Description:
285 Ontario St - TV existing storm sewer overflow after demolition - Paid deposit for actual cost of work

Note:

Address: Bayshore Groups, 285 Ontario Street , St. Catharines L1H 6P7
Sector: SC24

Asset:
Caution:
Alt ID (UIN): Parent Asset:
Serial #:
Name: **Sewer Lateral at 285 Ontario Street**
Class: **Sewer**
Type: **SEWSERV, SEWER SERVICE/LATERA**
Sub Type: ,
Area: ,
Location: **5500, Ontario Street**
System: ,

Address: Bayshore Groups, 285 Ontario Street , St. Catharines L1H 6P7

Schedule:
Priority:
Start: **10-Apr-15**
Duration: **3.00**
Progress: %
Finish: **10-Apr-15**
Tothrs: **3.00**
Shift:
Plan:
Crew:
Source: **DW**

References:
Alt ID:
Type: **DEPOSIT**
Group: **A/R**
Account:
Code:
Entered: **Swanwick, Carolyn**
Code2:
Code3: ***5500002850000***

Steps:	Resource	Crew Hours	Actual Time
01 AMANDA 15 102621 SV	1	1.0	
02 TV existing storm sewer overflow paid deposit of $1,000.00 receipt #83838 dated April 10/2015	1	1.0	
03 Contact in PBS is Sabrina Mills x 1605	1	1.0	

Page: **Work Done**
Chrg YES or NO
(24hr)Start Time:
(24hr)End Time:
Date of Work

ProgressNote:

Approved: Signed:

Work ID: 640986

Work ID: **640986**

Drain WO *NOT approved*

Alt ID:

Asset: **SL5500002850000**

Run: *10/7/2015 3:59:57 PM*

Other Info

Plunging ☐ Electric Snake ☐ Install C/O Inside ☐
Rodding ☐ Excavation outside ☐ Install C/O Out ☐

Page: **TV Report**

From Cleanout Enter Material

From FloorDrain Private

From Toilet/Stack City

Date of Work

Report: Report:

Traced Sewer ☐ No Prk Sign ☐ No Ut Penetration ☐
Traced Water ☐ Marked for Dig ☐ TV to Main Sewer ☐

ProgressNote:

Approved: Signed: Work ID: 640986

"F" Decommissioned Water Services

16 104465 IL - 282 Ontario St.

Sewer Ser WO *NOT approved*

Work ID: **640992**

Alt ID:

Asset: **SL5500002850000**

Run: *10/7/2015 4:00:39 PM*

Priority: Status: **Active** Assigned to: **Peat, Mark**

Start: **10-Apr-15** 10:31 AM Reqd by: **10-Apr-15** Requested by: **William Bartels 905-312-9506 x 304**

Work Description: Note:

285 Ontario St - Decommission 3 existing sanitary sewer laterals - Paid deposit for actual cost of work

Address: Bayshore Groups, 285 Ontario Street , St. Catharines L1H 8P7

Sector: SC24

Asset: Caution:

Alt ID (UIN): Parent Asset: Serial #:

Name: **Sewer Lateral at 285 Ontario Street**

Class: **Sewer** Area: ,

Type: **SEWSERV, SEWER SERVICE/LATERA** Location: **5500, Ontario Street**

Sub Type: , System: ,

Address: Bayshore Groups, 285 Ontario Street , St. Catharines L1H 8P7

Schedule:

Priority:

Start: **10-Apr-15**

Duration: **3.00**

Progress: **%**

Finish: **10-Apr-15**

Tothrs: **3.00**

Shift:

Plan:

Crew:

Source: **DW**

References:

Alt ID:

Type: **DEPOSIT**

Group: **A/R**

Account: **732.110**

Code: **PD304OP**

Abandon Existing Sewer Service

Entered: **Swanwick, Carolyn**

Code2:

Code3: **5500002850000**

Steps:	Resource	Crew Hours	Actual Time
01 AMANDA 15 102621 SV	1	1.0	
02 Decommission existing sanitary laterals paid deposit of $3,000.00 receipt #83838 dated April 10/2015	1	1.0	
03 Contact in PBS is Sabrina Mills x 1605	1	1.0	

ProgressNote.

Approved: Signed:

Work ID: 640992

Work ID: **640993**

Water Ser WO *NOT approved*

Alt ID:

Asset: **WTRSERV**

Run: *10/7/2015 3:48:29 PM*

Priority: Status: **Completed** **100%** Assigned to: **Marconi, Geno**

Start: **10-Apr-15** 10:37 AM Reqd by: **10-Apr-15** Requested by: **William Bartels 905-312-9506 x 304**

Work Description:
285 Ontario St - Decommission 6 existing water services - Paid deposit for actual cost of work

Note:
Locates Called April 30-15

Address: Bayshore Groups, 285 Ontario Street , St. Catharines L1H 8P7

Sector: SC24

Asset:

Caution:

Alt ID (UIN). Parent Asset: Serial #:

Name: **WATER SERVICES ALL NON INVENTORIED**

Class: **Water** Area: ,
Type: **WTSERV, WATER SERVICES** Location: ,
Sub Type: , System: ,

Schedule:

Priority:
Start: **10-Apr-15**
Duration: **3.00**
Progress: **100** %
Finish: **06-Oct-15**
Tothrs: **3.00**
Shift:
Plan:
Crew:
Source: **DW**

References:

Alt ID:
Type: **DEPOSIT**
Group: **A/R**
Account: **515.120**
Code: **WS110OP**
Abandon Existing Water Service >50m
Entered: **Swanwick, Carolyn**
Code2:
Code3: **5500002850000**

Steps:	Resource	Crew Hours	Actual Time
01 AMANDA 15 102621 SV	1	1.0	
02 Decommission existing water services paid deposit of $15,000.00 receipt #83838 dated April 10/2015	1	1.0	
03 Contact in PBS is Sabrina Mills x 1605	1	1.0	

Materials:		Type	Bin	Unit	Reqd	Issued To Date
50952	ANODE, HIGH PURITY ZINC, 5.5 KG/12LBS. PA	CULV	B-31	Ea	0	4
61618	CAP, 4", MECHANICAL JOINT, COMPLETE	CAP	B-32	EA	0	1
61621	COUPLING, 6" HYMAX	COUP	B-32	Ea	0	2
61624	COUPLING, 12" HYMAX	COUP	B-32	Ea	0	4
61613	CAP, 8", M.J., COMPLETE (CONSISTS OF CAP	CAP	B-32	EA	0	1

Memo:
may 19/15 - City crew decommissioned the 4" service line by cutting out the 12" by 4" Tee,

ProgressNote:

Approved: Signed: **Work ID:** 640993

Work ID: **640993** **Water Ser WO** *NOT approved*

Alt ID: Asset: **WTRSERV**

Run: *10/7/2015 3:48:29 PM*

replacing with 1.5 M of 12" pvc with two 12" sleeves and capped the 4" service line with a 4" cap. Ohara crew decommissioned the 8" service by cutting out the Tap and sleeve valve and replacing it with 2 M of 12" pvc and two 12" sleeves and an 8 " cap. They also had to remove a section of 6" C.I. to do the job, it was directly over the 12", and replaced it with 3 M of 6" pvc and two 6" sleeves. Also used 4 M of 4" weeping tile to fix the damaged culvert for drainage under the curb. SM

July 13-15 O'Hara Excav. Rob Simpson Excacated and Removed 8 " Valve. Installed a plug on both ends of the water service. GM.

July 14-15 6" service to west side of the biding plugged and capped at the rd. by Rob Simpson O'Hara Excavating. GM

July 15-15- 8 " service to the west side of the plant at carlton st. 8 ' Valve removed and capped at the main by Rob. Simpson O'Hara excavating. Gm

ProgressNote:

Approved: Signed:

Index of Responsive Records
FOI Request 2020-3
Former GM Site – 285 Ontario Street

Record	Description of Documents 285 Ontario Street	# of pages	Disclose/ Deny Access
"A"	Letter from PBS (Sam Carrera) – Dated March 26, 2015 Re: Demolish Main Building – Phase 3 (Units 1,2,2.1,3,4, & 17, Including Second and Third Floor Areas) – West Bldg.285 Ontario St. **(15 102268 IL, 15 102269 IL, 15 102270 IL, 15 102272 IL, 15 102273 IL, 15 102274 IL, 15 102276 IL, 15 102277 IL, 15 102278 IL, 15 102279 IL, 15 102280 IL)**	4 pgs.	Disclose
"B"	Budget Package Outline	4 pgs.	Disclose
"B (1)"	Permit Applications/Utility Clearance Forms/Permit **15 102268 IL**	27 pgs.	Disclose
"B (2)"	Methodology; Engineer's Report; Demolition Sequencing Plan; Proposed Work Schedule; Site Specific Health & Safety Plan (for all project no's)	45 pgs.	Disclose Sec.14(1) Applied
"C"	NPCA Records	25 pgs.	Disclose
"D"	Dynamic Industrial Services – Summary/Inspection graph	3 pgs.	Disclose
"E"	Submitted Drawings/Calculations	33 pgs.	Disclose/ Copyright
"F"	Applications/Permits/Documents **15102269 IL**	13 pgs.	Disclose/ Copyright
"G"	Applications/Permits/Documents **15 102270 IL**	17 pgs.	Disclose/ Copyright
"H"	Applications/Permits/Documents **15 102272 IL**	17 pgs.	Disclose/ Copyright
"I"	Applications/Permits/Documents **15 102273 IL**	16 pgs.	Disclose/ Copyright
"J"	Applications/Permits/Documents **15 102274 IL**	20 pgs.	Disclose/ Copyright
"K"	Applications/Permits/Documents **15 102276 IL**	15 pgs.	Disclose/ Copyright
"L"	Applications/Permits/Documents **15 102277 IL**	16 pgs.	Disclose/ Copyright
"M"	Applications/Permits/Documents **15 102278 IL**	13 pgs.	Disclose/ Copyright
"N"	Applications/Permits/Documents **15 102279 IL**	16 pgs.	Disclose/ Copyright
"O"	Applications/Permits/Documents **15 102280 IL**	13 pgs.	Disclose/ Copyright

"A" PBS Letter - March 26/15 15 102268 IL - 15 102280 IL 285 Ontario St.

City of St. Catharines

Planning and Building Services
PO Box 3012, 50 Church Street
St. Catharines, ON L2R 7C2

Phone: 905-688-5600
Fax: 905-688-5873
TTY: 905-688-4TTY (4889)

March 26, 2015

2390541 Ontario Inc
282 Ontario Street
St. Catharines ON L2R 0B4

Dear Sir / Madam:

Re: Project No's: 15 102268 IL, 15 102269 IL,. 15 102270 IL, 15 102271 IL, 15 102272 IL, 15 102273 IL, 15 102274 IL, 15 102275 IL, 15 102276 IL, 15 102277 IL, 15 102278 IL, 15 102279 IL, 15 102280 IL
DEMOLISH MAIN BUILDING - PHASE 3 (UNITS 1, 2, 2.1, 3, 4 AND 17, INCLUDING SECOND AND THIRD FLOOR AREAS) - WEST BUILDING
285 Ontario Street, St. Catharines, ON

The plans for the above referenced project have been reviewed and when you have complied with the following conditions, we will complete the processing of your application. In accordance with Section Eight of the Ontario Building Code Act S.O. 1992, c.23, construction must not commence until a building permit has been issued.

A. Approval must be obtained from the Niagara Peninsula Conservation Authority and a copy of the approval must be submitted to the Building Section.

B. A sidewalk damage deposit is required. To calculate a fair deposit amount, the Traffic department requires a diagram outlining where the construction vehicles/equipment will be entering and exiting the site. This will allow us to focus our damage deposit calculation of those specific areas. We prefer that only one or two access points are chosen and used during the demo work.

C. If the applicant is not able to provide the diagram, they will be required to pay the entire sidewalk damage deposit of $65,841.60. The $65,841.60 only applies to the 285 Ontario Street site.

D. If any demo work is to take place right up against the city sidewalk (i.e. those areas where a building butts up against the Ontario Street sidewalk), money will be taken to cover potential damage to that sidewalk.

OFFICE COPY

When the permit is issued, it will be issued subject to the following conditions. However, on-site inspections may reveal deficiencies not covered in this letter or the approved plans which must be brought into compliance with the requirements of the Ontario Building Code. Your certified drawings and building permit will be forwarded under separate cover unless we were initially instructed to hold the permit and drawings for pick up at our office.

1. The applicant must provide protection to the travelling public by carrying out the provisions of the Occupational Health And Safety Act and Regulation For Construction Projects applicable to the work or buildings operations carried on by the applicant and the said premises.

2. In accordance with the requirements of the Occupational Health and Safety Act, the Contractor must complete an approved notification form and file it with the Ministry of Labour offices located at 301 St. Paul Street, 8th Floor, St. Catharines, Ontario, L2R 7R4, telephone 905-704-3994, and must obtain any necessary approvals prior to commencing any work at the project.

3. Sign permits must be obtained for any new signs.

4. The Engineer G.A. Hawley, P. Eng. is responsible for the general review of all demolition procedures during demolition and must make periodic visits to the site to afford examination of the demolition and must submit, to the Building Section, a final report at the completion of demolition.

5. All plumbing must conform to O.Reg.332/12, Div. B Part 7 of the Building Code.

6. All plumbing work must be performed by licensed journeyman plumbers working under the supervision of a Master Plumber licensed by the City of St. Catharines.

7. If any additional connections are found to the municipal sewer and/or watermain, they must be staked at the property line and reported to the appropriate municipal Water or Sewer Foreman for decommissioning.

8. The contractor must ensure that municipal sewers located within this property are protected and not damaged during demolition.

9. Where applicable removal of Hazardous Building Materials and additional testing is to be provided as per *Ontario Environmental and Safety Network Ltd.*

10. Reports regarding the removal of Hazardous Building Materials and additional testing as may be undertaken are to be provided to the Building Section.

11. Where applicable the removal of out of service storage tanks, including all associated piping containing or which may have contained flammable and combustible liquids, shall be in accordance with Subsection 4.3.17. of the 2007 Ontario Fire Code and all applicable T.S.S.A. regulations.

12. Make note that if any demolition excavation occurs within the angle of repose for the footings of the neighboring buildings a report signed and stamped by a Professional Engineer must be submitted to the Building Section for review and comment prior to this phase of work commencing.

13. All requirements of Part 8 in the Ontario Fire Code related to demolition must be complied with at all times.

14. Access routes shall be maintained clear at all times so as that they are usable in the case of an emergency.

15. Further comments may be required arising from any changes to the certified drawings and/or as a result of on site inspections.

The foregoing requirements are in accordance with the present regulations of the City of St. Catharines and the Ontario Building Code. It is understood that if no reply is received in writing by the undersigned, except as specifically indicated herein, then you acknowledge and agree with the foregoing conditions. Should you wish any further information in this regard, please do not hesitate to contact the undersigned at extension 1622.

Yours truly,

Sam B. Carrera, Dipl.T.(Arch), M.A.A.T.O., CBCO, CRBO
Building Plans Examiner

c.c. 15 102268IL
Budget Environmental Disposal Inc

"A"

Email - March 18, 2015 4:11 pm - Permit Calculations

Chandler, Jason

From: Chandler, Jason
Sent: Wednesday, March 18, 2015 4:11 PM
To: ashley@budgetbin.ca; christina@budgetbin.ca
Cc: teppei@bayshoregroups.com; Chandler, Jason
Subject: FW: General Motors Demolition Permit Fees Calculations - 282 (East) and 285 Ontario Street (West Side)

Hi Christina,
Please see below the original email that was sent to The Bayshore Group for approximate initial demolition fees quote to demolish all of the detached structures located on 282 Ontario Street and 285 Ontario Street. This approximation of fees was based upon limited site plans that were made available to the Building Section back in December.

As per my conversation with you this afternoon, dated March 18, 2015, I will forward to you the following under separate cover:

1. A final list of all of the detached structures and the building permits applications as separated out to demolish all structures
2. The demolition fee breakdown as well as the total demolition fee &
3. A complete list of the invoices and copies of the invoices

Regards,

From: Chandler, Jason
Sent: Thursday, December 11, 2014 10:35 AM
To: teppei@bayshoregroups.com; atrpevski@oscinc.com
Cc: Mills, Sabrina; Long, Brandi; Thiessen, Brian; Chandler, Jason
Subject: General Motors Demolition Permit Fees Calculations - 282 (East) and 285 Ontario Street (West Side)

Hi Teppei/ Alen,
With regards to the demolition of the General Motors of Canada Ltd. Axle Plant located at 282 Ontario Street (East) and 285 Ontario Street (West Side); the demolition fees are calculated as follows:
8 Detached Buildings (West Side) + 11 Detached Storage Tanks (West Side) + 6 Detached Buildings (East Side) + 1 Detached Smoke Stack (East Side) = 26 detached structures @ $200.00 = $5,200.00
(Note: 11 Detached Storage Tanks located on the West Side and 1 Detached Smoke Stack located on the East Side are considered as detached structures that will require a separate demolition permit.)

Separate demolition permits will be required for each detached building/ structure.

Note:

1. A Professional Engineer will be required to undertake the general review of the project during demolition where:
   - The building exceeds 3 stories in building height OR 600 sq.m in Building Area, or
   - If the building structure included pre-tensioned or post-tensioned members, or
   - It is proposed that the demolition will extend below the level of the footings of any adjacent buildings and occur within the angle of repose of the soil, drawn from the bottom of such footings, or
   - Explosives or a laser are to be used during the course of the demolition

Email - March 18, 2015 4:11 pm - Permit Calculations

2. Demolition permit fees DO NOT INCLUDE for any sidewalk damage deposit(s) or any services inspections fee(s) or decommission of services fee(s), they will be provided under a separate cover by the following:
    - Sidewalk Damage Deposit: Brandi Long; Road Services Technician – 905-688-5600 ext. 1639
    - Development Services: Sabrina Mills; Development Technologist – 905-688-5600 ext. 1605

Regards,

Jason Chandler Dipl. T. (Arch)
Building Technician
Email: jchandler@stcatharines.ca
Tel: 905.688.5601 x1619

"B" 15 102268 IL - 285 Ontario St.

BUDGET

Demolition of the Former GM Plant, 282 Ontario St, St Catharines

Submitted to:
City of St Catharines
Planning and Development Services Building Section

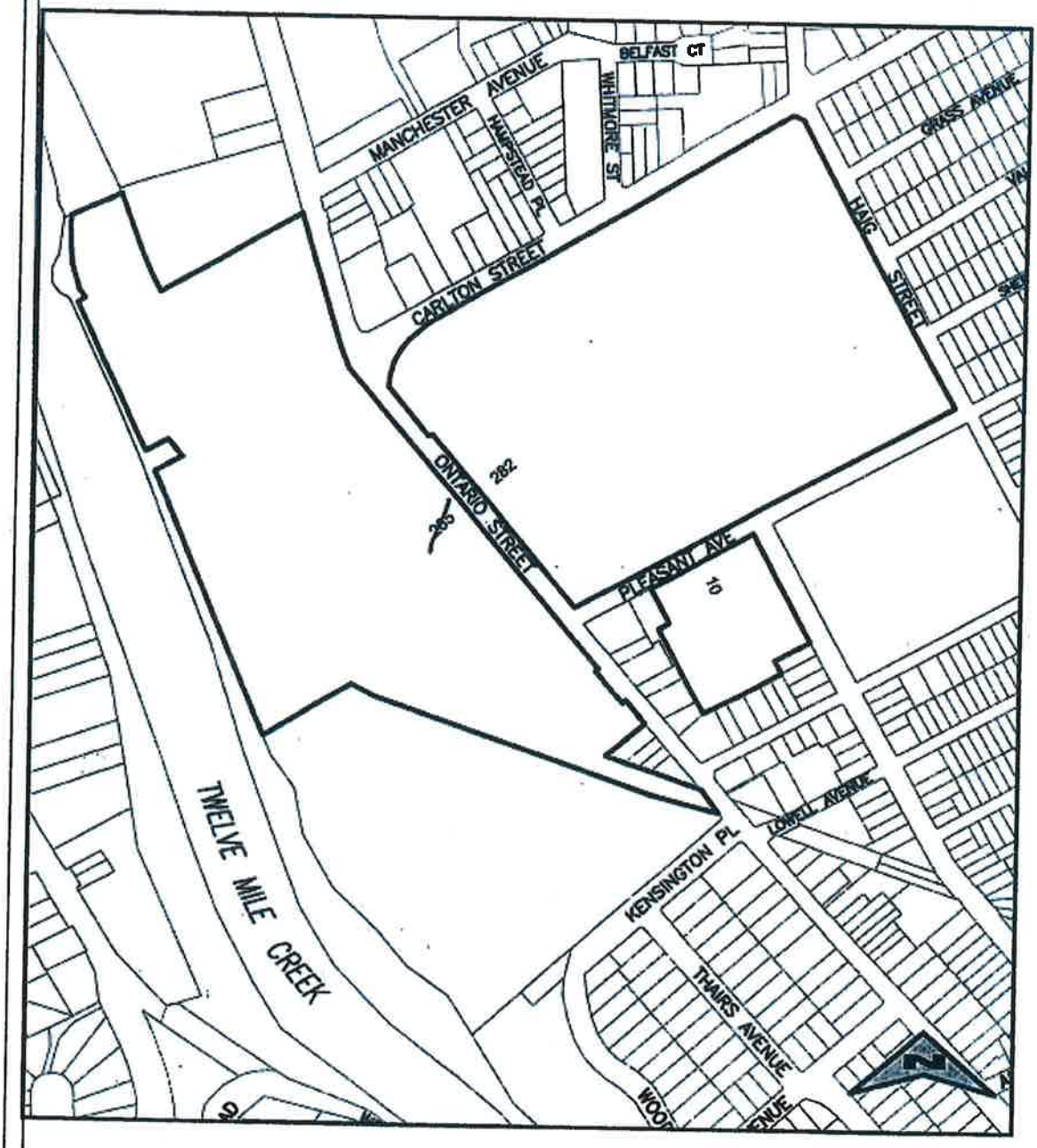
Submitted By:
Budget Environmental Disposal Inc
375 Gage Ave N
Hamilton, ON L8L 7B1

Package Contents

1. Demolition Permit Application Forms & Utility Clearance Form
2. Two Copies of Methodology
   - Methodolgy
   - Engineers Report
   - Demolition Sequencing Plan
   - Proposed Work Schedule
   - Site Specific Health and Safety Plan

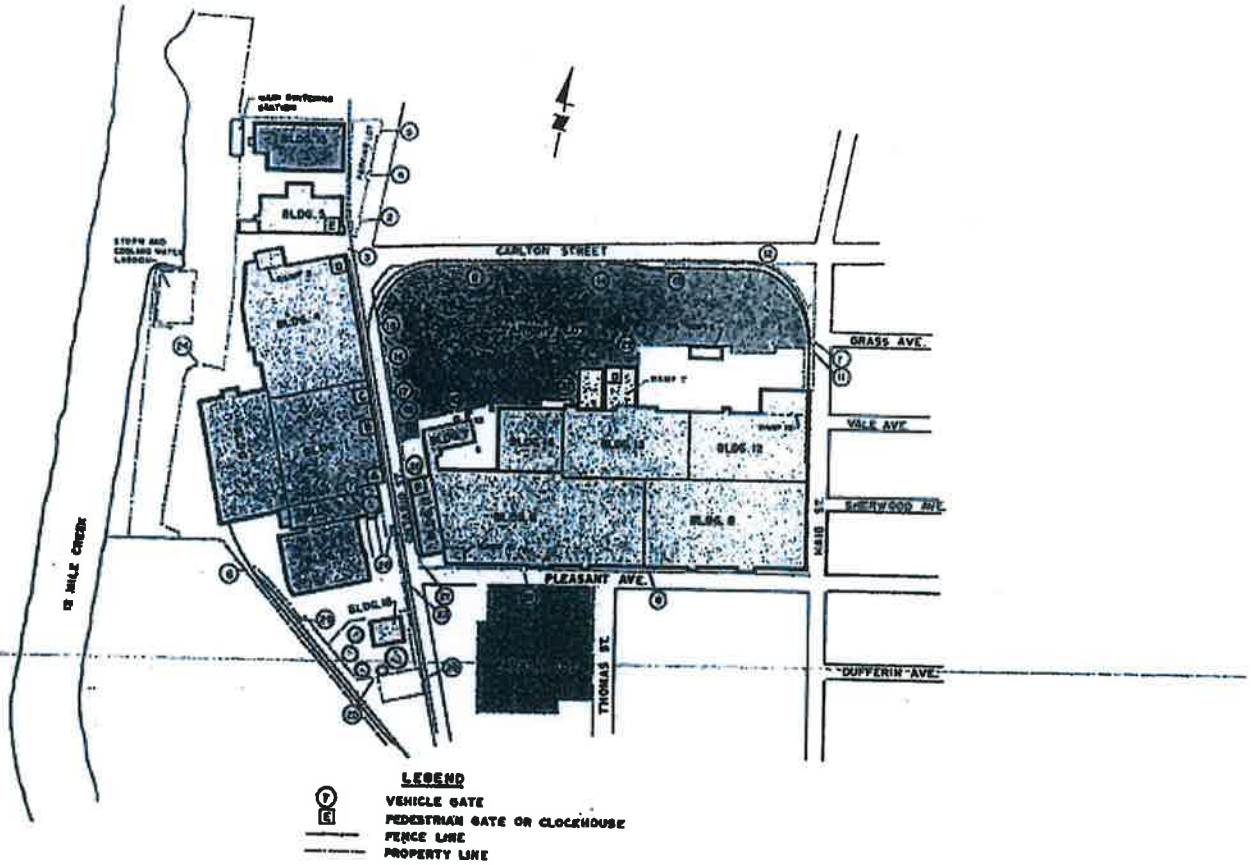
"B"

15 102268 IL - 285 Ontario St.



"B"

15 102268 IL - 285 Ontario St.



LEGEND

- VEHICLE GATE
- PEDESTRIAN GATE OR CLOCKHOUSE
- FENCE LINE
- PROPERTY LINE

VEHICLE GATES

1. S.E. CORNER OF BLDG. 2 (RAMP)
2. ONTARIO STREET (FORGE PARKING LOT)
3. N.E. CORNER OF BLDG. 4 (ENTRANCE TO RAMP 3)
4. N.E. OF BLDG. 5 (FORGE PARKING LOT)
5. N.E. OF BLDG. 18 (DIE SHOP PARKING LOT)
6. S.W. OF BLDG. 3 (RAILWAY SIDING)
7. N.E. OF BLDG. 12 (PARKING LOT)
8. PLEASANT AVENUE TEST CAR
9. CARLTON STREET (PARKING LOT)
10. NORTH OF POWER HOUSE
11. N.E. CORNER OF BLDG. 12 (RAILWAY SIDING)
12. CARLTON & HAIG STREET (RAILWAY SIDING)
13. CARLTON STREET (RAILWAY SIDING)
14. CARLTON STREET (PARKING LOT)
15. ONTARIO STREET (PARKING LOT)
16. ONTARIO STREET (PARKING LOT)
17. ONTARIO STREET (PARKING LOT, 24L44Y)
18. ONTARIO STREET (PARKING LOT, VISITORS)
19. PLEASANT AVENUE, SOUTH OF BLDG. 6
20. ONTARIO STREET (TRUCKS TO POWER HOUSE)
21. ONTARIO STREET (TRUCK RAMP)
22. RAMP 7 TRUCK ENTRANCE
23. S. OF BLDG. 2 (EXIT FROM RAMP 1)
24. N. OF BLDG. 3
25. S. OF BLDG. 18
26. S. OF BLDG. 2 (ENTRANCE TO RAMP 1)
27. N. OF BLDG. 13
28. PARKING LOT ENTRANCE, S. OF L.W.T. PLANT
29. S.W. OF BLDG. 17

PEDESTRIAN ENTRANCES

A. N.E. CORNER OF BLDG. 2
B. E. WALL OF BLDG. 1 (MAIN OFFICE ENTRANCE)
C. N.E. CORNER OF BLDG. 1 (MAIN CLOCKHOUSE)
D. N.E. CORNER OF BLDG. 4
E. S.E. CORNER OF BLDG. 5 (CLOCKHOUSE FORGE & DIE)
F. N.W. CORNER OF BLDG. 11 (EAST SIDE CLOCKHOUSE)
G. RAMP 7 CLOCKHOUSE

LAND

OWNED 53.73 ACRES

BUILDINGS

BLDG. 3	75,353 sq. ft.
BLDG'S. 1, 2 & 4	352,825 sq. ft.
BLDG. 5	34,248 sq. ft.
BLDG. 18	34,388 sq. ft.
BLDG. 7	24,065 sq. ft.
BLDG'S 6, 8, 11, 12, 13 & 16	543,395 sq. ft.
BLDG. 17	62,880 sq. ft.
BLDG. 10	77,726 sq. ft.
PH. HOUSE	3,233 sq. ft.
MAIN SWITCHING STATION	4,200 sq. ft.
STORAGE BLDG.	6,400 sq. ft.
TOTAL	1,220,787 sq. ft.

GENERAL MOTORS OF CANADA LTD.
ST. CATHARINES AXLE PLANT

SCALE 1" = 200'-0"
DATE 16 NOV. 82

"B" 15 102268 IL - 285 Ontario St.

BUDGET ENVIRONMENTAL DISPOSAL INC.

Ashley Tamminga
Demolition Coordinator
ashley@budgetbin.ca

375 GAGE AVE. NORTH
HAMILTON, ON L8L 7B1
www.budgetbin.ca

office: 905.312.9505
cell: 905.961.0448

BUDGET ENVIRONMENTAL DISPOSAL INC.

Christina Kepic-Murray
Demo Estimator / Project Coordinator
christina@budgetbin.ca

375 GAGE AVE. NORTH
HAMILTON, ON L8L 7B1
www.budgetbin.ca

office: 905.312.9506
direct: 905.312.9530
cell: 905.961.0084

PROJECT NO: 15 102268 IL

LOCATION: 285 Ontario Street

APPLICANT: Budget Environmental Disposal Inc.

RECEIVED
MAR 05 2015
BUILDING SECTION

Chandler, Jason

From:	Chandler, Jason
Sent:	Friday, April 10, 2015 10:27 AM
To:	Johnston, Brad; Melin, Nathan
Cc:	Carrera, Sam; Chandler, Jason
Subject:	Permit Review Letters - 285 Ontario Street, St. Cathrines
Attachments:	Site Plan v.20150408.pdf; Site Specific Health and Safety Plan-April 6 2015.pdf

FYI

Jason Chandler Dipl. T. (Arch)
Building Technician
Email: jchandler@stcatharines.ca
Tel: 905.688.5601 x1619

From: Ashley Tamminga [mailto:ashley@budgetbin.ca]
Sent: Wednesday, April 08, 2015 4:22 PM
To: Carrera, Sam
Cc: Chandler, Jason; Pavelko, Trisha; Christina Murray; Renee Guay; Will Bartels; Ian Bartels
Subject: Permit Review Letters - 285 Ontario Street, St. Cathrines

Good Afternoon Sam,

Please find attached the required submittals we have completed thus far in regards to the permit review letter, dated March 26, 2015.

285 Ontario Street, St. Catharines

A) Application and permit fee have been sent to Niagara Peninsula Conservation Authority for approval. As per Taya Devlin's email sent on March 31st, a letter will be provided on April 10th.

B) Site plan showing the entrances to 282 Ontario Street and Fire/Emergency Access

F) Trisha has forwarded the invoices for the deposits and payment will be made tomorrow, April 9th.

H) Please find attached our updated Site Specific Health & Safety Plan to meet the requirements from the Fire Services Plans Review.

Regards,

Ashley Tamminga
Demolition Coordinator
Budget Environmental Disposal Inc.
375 Gage Ave N, Hamilton ON. L8L7B1
Ph: 289-639-9540

Carrera, Sam

From: Ashley Tamminga <ashley@budgetbin.ca>
Sent: Thursday, March 26, 2015 8:41 AM
To: tdevlin@npca.ca
Cc: Christina Murray; Chandler, Jason; Carrera, Sam
Subject: 285 Ontario Street - NPCA Clearance
Attachments: RVM EXECUTED - APPLICATION FOR DEVELOPMENT - REV4.pdf

Good Morning Taya,

Please find attached our work permit application. I will have the payment dropped off or couriered to you this week as well. Please let me know if you require further information.

Regards,

Ashley Tamminga
Demolition Coordinator
Budget Environmental Disposal Inc.
375 Gage Ave N, Hamilton ON. L8L7B1
Ph: 289-639-9540
Fax: 905-543-0244
Cell: 905-961-0448

Click here to report this email as spam.

NIAGARA PENINSULA CONSERVATION AUTHORITY

250 Thorold Road West, 3rd Floor, Welland, Ontario L3C 3W2
Telephone 905.788.3135 Facsimile 905.788.1121

Prior to application submission, please contact NPCA Supervisor of Construction Approvals at (905) 788-3135 ext 229 for consultation on your proposal.

Application for Development, Interference with Wetlands and Alteration to Shorelines and Watercourses Permit (Ontario Regulation 155/06)

OFFICE USE ONLY Date Application Received	
Date Payment Received	
Date of Pre-consultation	
Date of Complete Application	
File Number	

Owner Information

Name	2390541 Ontario Inc.		
Mailing Address	282 Ontario Street		
City/Province	St. Catharines ON	**Postal Code**	L2R0B4
Home Phone		**Mobile**	
Business Phone	905-228-1712	**Facsimile**	
Email address	info@bayshoregroups.com		

Agent Information

Name	Budget Environmental Disposal Inc.		
Mailing Address	375 Gage Ave N		
City/Province	Hamilton ON	**Postal Code**	L8L7B1
Business Phone	289-639-9540	**Mobile**	905-961-0084
Facsimile	905-543-0244		
Email address	christina@budgetbin.ca		

Property Information

Address	285 Ontario Street
Municipality	St. Catharines ON
Assessment Role Number (ARN)	2629040030056000000
Property Identification Number (P.I.N.)	

Application is hereby made to carry out one or more of the following works:

- ☐ **Fill (placement or removal of fill in excess of 25 cubic metres)**
- ☐ **Erosion Remediation on Valley Slopes**
- ☐ **Building**
  - ☐ New building(s)_____
  - ☐ Addition _____
  - ☐ Reconstruction _____
  - ☐ Accessory Structure (please describe)_____
- ☐ **Private Watercourse Crossings**
  - ☐ New or replacement primary access (e.g. main driveway entrance)
  - ☐ New or replacement secondary crossing (e.g. low flow, footbridge)
  - ☐ Maintenance to deck, wing walls or other superstructure
- ☐ **Shoreline (Lake Ontario, Lake Erie, Niagara River or other watercourse)**
  - ☐ New or replacement shoreline protection works(e.g. walls, stone barriers)
  - ☐ Maintenance of wall or barrier
- ☐ **Ponds**
  - ☐ New Pond with diversions structure/channel connection (includes Stormwater Management Facility in a regulated area)
  - ☐ New Pond Construction without channel connection
  - ☐ Pond maintenance
- ☐ **Public Roads**
  - ☐ New or replacement Bridge or Culvert Crossing
  - ☐ Bridge/Culvert Maintenance (includes repairs to soffit, wing walls and other superstructure, repair of inlet/outlet erosion)
- ☐ **Dams**
  - ☐ New, Replacement and Major Maintenance
  - ☐ Maintenance
- ☐ **Utilities**
  - ☐ Utility Watercourse Crossings (open cut)
  - ☐ Utility in Floodplain or other Regulated Area
  - ☐ Storm Drainage Outfall Construction
  - ☐ Outfall Maintenance
- ☐ **Watercourse Alteration**
  - ☐ Channel Works >500m (includes realignment, invert cleanout, erosion protection, bio-stabilization, etc.
  - ☐ Channel Works <500 m
  - ☐ Repair or localized erosion failure <25 sq. m
  - ☐ Bottom cleanout of small intermittently dry watercourse
- ☒ **Other**
  - ☐ Lake Erie or Lake Ontario Dredging
  - ☐ Miscellaneous (small watercourse, valleyland and shoreline works not defined above)
  - ☒ Demolition of the existing buildings

Proposed Start Date	April 2015	Proposed Completion Date	April 2016

	Yes	No	Details (e.g. Permit #, Application #)
Previous NPCA Permit?		x	
Is there a concurrent *Planning Act* Application (e.g. severance, minor variance, zoning by-law amendment)		x	
Has there been a *Planning Act* decision in the Last 12 months?		x	
Applications made to other Agencies? (e.g. MNR, MOE, NEC, DFO)		x	
Municipal Building Permit required?	x		
Is all fill remaining on site? If answer is "no", please specify an address where the fill is being taken.	x		

Would you like to be present if staff need to visit the property? ☒ Yes ☐ No

Standard Conditions of Permit

1. Permits granted by the Niagara Peninsula Conservation Authority (NPCA) are valid for up to two years from the date of issue and are not transferable. Consent is hereby given to the NPCA and its employees, to access the property for the purpose of obtaining information, monitoring any approved construction, and any and all other works or activities related to the permission.
2. Permits granted by the NPCA do not exempt the applicant from obtaining permission from other agencies, boards, governments, or other approvals as may be required. It is the responsibility of the owner to ensure that a valid permit is in effect at the time the work is occurring.
3. Any false information or misleading statements made on this application will render any permission granted by the Niagara Peninsula Conservation Authority null and void.

Authorized Signature

I declare that I have read and agree to the standard conditions for the permit application and that all of the information provided is correct to the best of my knowledge.	
Signature of Owner(s) PSC	Date March 25, 2015

***A Landowner Authorization form (attached) is required if the solicitor/contractor/agent is completing the application form on behalf of the owner(s).**

General Information for Applicants

Maps that illustrate the extent of the lands under the jurisdiction of the Niagara Peninsula Conservation Authority are available at the Administration Office in Welland or online using the "Watershed Explorer" tool at www.npca.ca

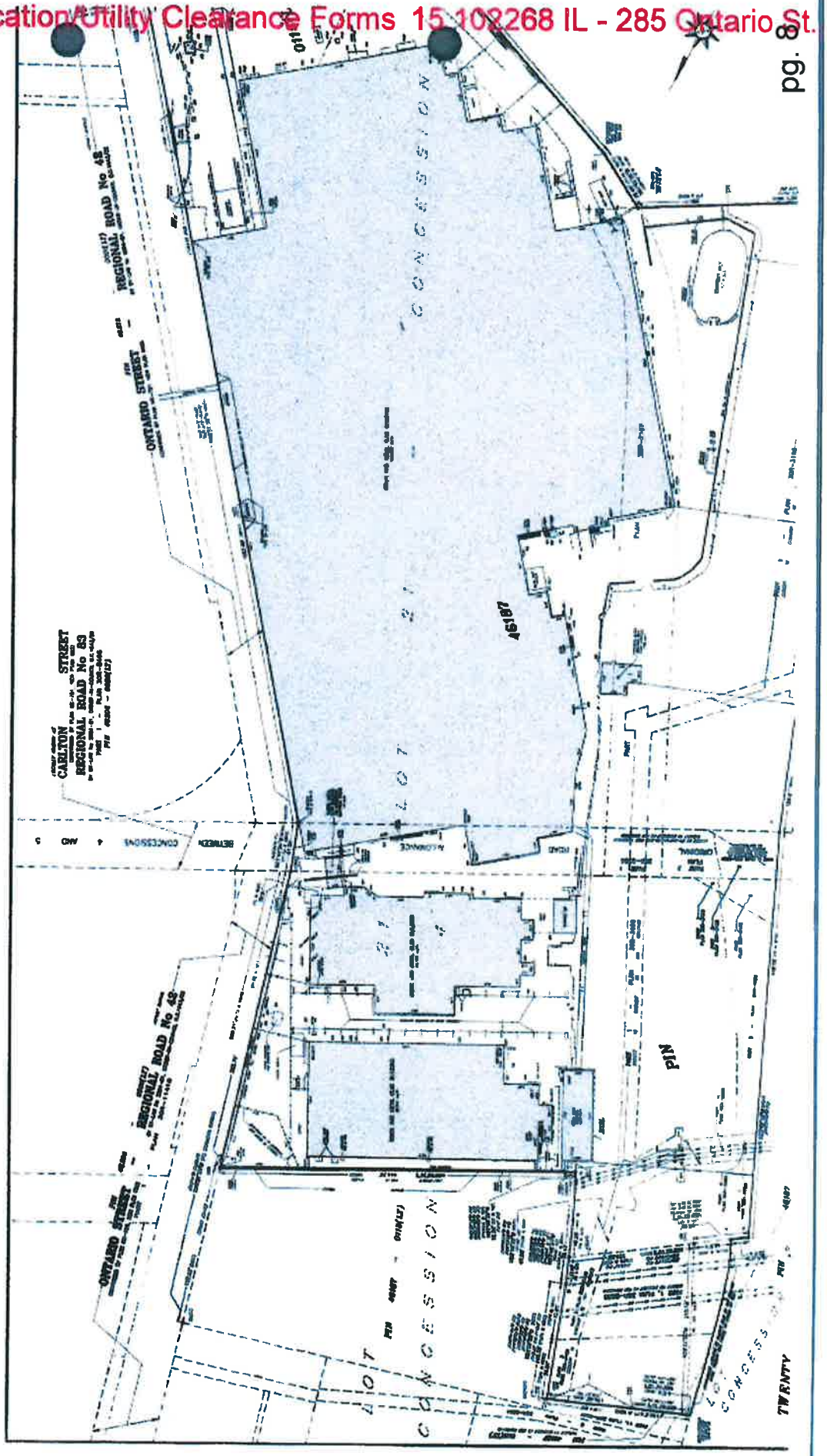
Any questions or comment regarding permit application should be directed to the Supervisor of Construction Approvals (905) 788-3135

NOTICE OF COLLECTION

Pursuant to section 29(2) of the Municipal Freedom of Information and Protection of Individual Privacy Act, 1989, the personal information contained on this form is collected under the legal authority of the Conservation Authorities Act, R.S.O. 1980, c85, as amended. This information is used to assess applications for and, where approved, issue the Permit. Information on this form may be disclosed to Government and Municipal Agencies for review and comment. The name of the applicant, location of the work and a description of the project may be published in NPCA documents including agendas, reports and meeting minutes which are posted on the NPCA website. Questions about the collection of personal information should be directed to the Freedom of Information Officer, Niagara Peninsula Conservation Authority, 250 Thorold Road West, 3rd Floor, Welland, Ontario, L3C 3W2, (905) 788-3135."

285 Ontario Street LEGAL DESCRIPTION (please also see attached survey):

PT LT21-22 CON 4 GRANTHAM PT 1,2,3, 30R4586,
AS IN 226982; ST. CATHARINES


CONCESSION
LOT
REGIONAL ROAD No 48
ONTARIO STREET
CARLTON STREET
REGIONAL ROAD No 63
REGIONAL ROAD No 49
ONTARIO STREET
CONCESSION
LOT
PIN
TWENTY

PCL XL error

Subsystem: GE_VECTOR

Error: GEEmptyClipPath Warning: IllegalMediaSize

LANDOWNER AUTHORIZATION

If an application is to be submitted by a solicitor/contractor/agent on behalf of the legal owner(s) of the subject property, this Landowner Authorization form must be completed and signed by the owner(s). If the owner is a corporation acting without agent or solicitor, the application must be signed by an officer of the corporation and the corporations's seal (if any) must be affixed. Authority staff reserve the right to discuss any or all aspects of the permitting process with the property owner.

If the application is to be prepared by a solicitor/contractor/agent, authorization should not be given until the application and its attachments have been examined and approved by you, the owner(s).

I/WE 2390541 Ontario Inc., being the legal owner(s) of the property described as Lot ____, Concession_____, Part/Lot No. _____, on Plan _____, in the Municipality/Township of St. Catharines, located at Civic Address 285 Ontario Street, St. Catharines and having a Tax Assessment Roll Number of 2629040030056000000, hereby authorize Budget Environmental Disposal Inc.,

(print full name of solicitor/contractor/agent)

please see attached legal description & survey.

To submit the enclosed application to the Niagara Peninsula Conservation Authority and to provide any information or material required by Authority staff relevant to the application for the purposed of obtaiing a permit in accordance with the requirements of Ontario Regulation 155/06.

Signature of Legal Owner [signature] ASO Date March 25, 2015

Signature of Legal Owner _____ Date March 25, 2015

Application for a Permit to Construct or Demolish

This form is authorized under subsection 8(1.1) of the Building Code Act.

For use by Principal Authority

Application number:	Permit number (if different): 15 102268 IL
Date received: MARCH 05, 2015	Roll number:

1 of 11

Application submitted to: CITY OF ST CATHARINES
(Name of municipality, upper-tier municipality, board of health or conservation authority)

A. Project information

Building number, street name	Unit number	Lot/con.
285 Ontario Street (MAIN BUILDING - PHASE 3)		

Municipality	Postal code	Plan number/other description
St. Catharines	L2R0B4	

Project value est. $	Area of work (m²)
$3,700,000.00 TOTAL	(125,836 TOTAL) +/- 550,830 ft²

B. Purpose of application

☐ New construction ☐ Addition to an existing building ☐ Alteration/repair ☑ Demolition ☐ Conditional Permit

Proposed use of building	Current use of building
Vacant	Industrial Buildings

Description of proposed work
Abatement and Demolition of the existing GM Plant

C. Applicant — Applicant is: ☐ Owner or ☑ Authorized agent of owner

Last name	First name	Corporation or partnership	
Murray	Christina	Budget Environmental Disposal Inc.	
Street address		**Unit number**	**Lot/con.**
375 Gage Ave N			
Municipality	**Postal code**	**Province**	**E-mail**
Hamilton	L8L7B1	Ontario	ashley@budgetbin.ca
Telephone number	**Fax**		**Cell number**
(289) 639-9540	(905)543-0244		(905) 961-0084

D. Owner (if different from applicant)

Last name	First name	Corporation or partnership	
Megna	Robert	BayShore International (BSI)	
Street address		**Unit number**	**Lot/con.**
282 Ontario Street			
Municipality	**Postal code**	**Province**	**E-mail**
St. Catharines	L2R0B4	Ontario	
Telephone number	**Fax**		**Cell number**
(905) 228 1712	( )		( )

E. Builder (optional)				
Last name	First name	Corporation or partnership (if applicable)		
Street address			Unit number	Lot/con.
Municipality	Postal code	Province	E-mail	
Telephone number ( )	Fax ( )		Cell number ( )	

F. Tarion Warranty Corporation (Ontario New Home Warranty Program)		
i. Is proposed construction for a new home as defined in the *Ontario New Home Warranties Plan Act*? If no, go to section G.	☐ Yes	☑ No
ii. Is registration required under the *Ontario New Home Warranties Plan Act*?	☐ Yes	☑ No
iii. If yes to (ii) provide registration number(s): _____		

G. Required Schedules

i) Attach Schedule 1 for each individual who reviews and takes responsibility for design activities.

ii) Attach Schedule 2 where application is to construct on-site, install or repair a sewage system.

H. Completeness and compliance with applicable law		
i) This application meets all the requirements of clauses 1.3.1.3 (5) (a) to (d) of Division C of the Building Code (the application is made in the correct form and by the owner or authorized agent, all applicable fields have been completed on the application and required schedules, and all required schedules are submitted).	☑ Yes	☐ No
Payment has been made of all fees that are required, under the applicable by-law, resolution or regulation made under clause 7(1)(c) of the *Building Code Act, 1992*, to be paid when the application is made.	☑ Yes	☐ No
ii) This application is accompanied by the plans and specifications prescribed by the applicable by-law, resolution or regulation made under clause 7(1)(b) of the *Building Code Act, 1992*.	☑ Yes	☐ No
iii) This application is accompanied by the information and documents prescribed by the applicable by-law, resolution or regulation made under clause 7(1)(b) of the *Building Code Act, 1992* which enable the chief building official to determine whether the proposed building, construction or demolition will contravene any applicable law.	☑ Yes	☐ No
iv) The proposed building, construction or demolition will not contravene any applicable law.	☑ Yes	☐ No

I. Declaration of applicant

I Christina Murray declare that:
(print name)

1. The information contained in this application, attached schedules, attached plans and specifications, and other attached documentation is true to the best of my knowledge.
2. If the owner is a corporation or partnership, I have the authority to bind the corporation or partnership.

Feb 27/15
Date

Signature of applicant

Personal information contained in this form and schedules is collected under the authority of subsection 8(1.1) of the *Building Code Act, 1992*, and will be used in the administration and enforcement of the *Building Code Act, 1992*. Questions about the collection of personal information may be addressed to: a) the Chief Building Official of the municipality or upper-tier municipality to which this application is being made, or, b) the inspector having the powers and duties of a chief building official in relation to sewage systems or plumbing for an upper-tier municipality, board of health or conservation authority to whom this application is made, or, c) Director, Building and Development Branch, Ministry of Municipal Affairs and Housing 777 Bay St., 2nd Floor, Toronto, M5G 2E5 (416) 585-6666.

Schedule 1: Designer Information

Use one form for each individual who reviews and takes responsibility for design activities with respect to the project.

A. Project Information

Building number, street name			Unit no.	Lot/con.
282-285 Ontario Street				
Municipality	Postal code	Plan number/ other description		
St. Catharines	L2R0B4			

B. Individual who reviews and takes responsibility for design activities

Name		Firm		
Street address			Unit no.	Lot/con.
Municipality	Postal code	Province	E-mail	
Telephone number ( )	Fax number ( )		Cell number ( )	

C. Design activities undertaken by individual identified in Section B. [Building Code Table 3.5.2.1. of Division C]

☐ House	☐ HVAC – House	☐ Building Structural
☐ Small Buildings	☐ Building Services	☐ Plumbing – House
☐ Large Buildings	☐ Detection, Lighting and Power	☐ Plumbing – All Buildings
☐ Complex Buildings	☐ Fire Protection	☐ On-site Sewage Systems

Description of designer's work

D. Declaration of Designer

I _____ declare that (choose one as appropriate):
(print name)

☐ I review and take responsibility for the design work on behalf of a firm registered under subsection 3.2.4.of Division C, of the Building Code. I am qualified, and the firm is registered, in the appropriate classes/categories.

Individual BCIN: _____

Firm BCIN: _____

☐ I review and take responsibility for the design and am qualified in the appropriate category as an "other designer" under subsection 3.2.5.of Division C, of the Building Code.

Individual BCIN: _____

Basis for exemption from registration: _____

☐ The design work is exempt from the registration and qualification requirements of the Building Code.

Basis for exemption from registration and qualification: _____

I certify that:

1. The information contained in this schedule is true to the best of my knowledge.
2. I have submitted this application with the knowledge and consent of the firm.

_____ _____
Date Signature of Designer

NOTE:

1. For the purposes of this form, "individual" means the "person" referred to in Clause 3.2.4.7(1) d).of Division C, Article 3.2.5.1. of Division C, and all other persons who are exempt from qualification under Subsections 3.2.4. and 3.2.5. of Division C.
2. Schedule 1 is not required to be completed by a holder of a license, temporary license, or a certificate of authorization, issued by the Ontario Association of Architects. Schedule 1 is also not required to be completed by a holder of a license to practise, a limited license to practise, or a certificate of authorization, issued by the Association of Professional Engineers of Ontario.

Schedule 2: Sewage System Installer Information

A. Project Information			
Building number, street name 282-285 Ontario Street		Unit number	Lot/con.
Municipality St. Catharines	Postal code L2R0B4	Plan number/ other description	

B. Sewage system installer

Is the installer of the sewage system engaged in the business of constructing on-site, installing, repairing, servicing, cleaning or emptying sewage systems, in accordance with Building Code Article 3.3.1.1, Division C?

☐ Yes (Continue to Section C) ☐ No (Continue to Section E) ☐ Installer unknown at time of application (Continue to Section E)

C. Registered installer information (where answer to B is "Yes")			
Name			BCIN
Street address			Unit number / Lot/con.
Municipality	Postal code	Province	E-mail
Telephone number ( )	Fax ( )		Cell number ( )

D. Qualified supervisor information (where answer to section B is "Yes")	
Name of qualified supervisor(s)	Building Code Identification Number (BCIN)

E. Declaration of Applicant:

I _____ declare that:
(print name)

☐ I am the applicant for the permit to construct the sewage system. If the installer is unknown at time of application, I shall submit a new Schedule 2 prior to construction when the installer is known;

OR

☐ I am the holder of the permit to construct the sewage system, and am submitting a new Schedule 2, now that the installer is known.

I certify that:

1. The information contained in this schedule is true to the best of my knowledge.
2. If the owner is a corporation or partnership, I have the authority to bind the corporation or partnership.

_____ _____
Date Signature of applicant

THE CORPORATION OF THE
CITY OF ST. CATHARINES

www.stcatharines.ca

PO Box 3012, 50 Church Street
St. Catharines, ON L2R 7C2
Tel : 905.688.5600 | Fax: 905.688-5873
TTY: 905.688.4TTY (4889)

Building and Development

Building Permit Application – Supplemental Information

(MUST BE SUBMITTED WITH THE 'APPLICATION TO CONSTRUCT OR DEMOLISH')

A. Project Information

Building number, street name	Unit Number	Lot / Con
282-285 Ontario Street		

Municipality	Postal Code	Plan number / other description
St. Catharines	L2R0B4	

B. Master Plumber ☐ Plumbing Contractor ☐

Last name	First name	Corporation or partnership

Street Address	Unit Number

Municipality	Postal Code	Province	email

Telephone Number	Fax Number	Cell Number

C. HVAC Installer

Last name	First name	Corporation or partnership

Street Address	Unit Number

Municipality	Postal Code	Province	email

Telephone Number	Fax Number	Cell Number

D. Tenant Information

Last name	First name	Corporation or partnership

Street Address	Unit Number

Municipality	Postal Code	Province	email

Telephone Number	Fax Number	Cell Number

THE CORPORATION OF THE
CITY OF ST. CATHARINES

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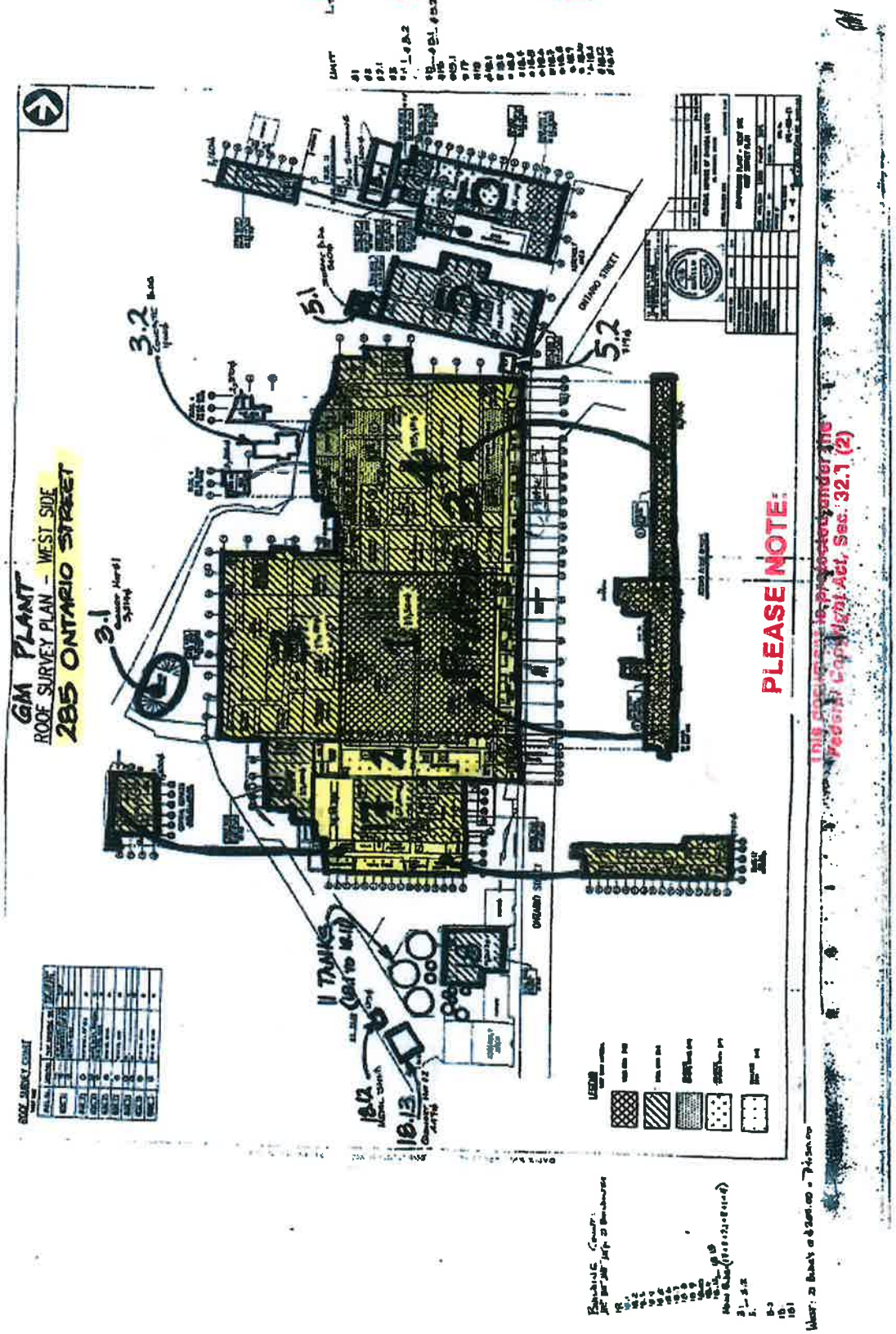
PLANNING AND DEVELOPMENT SERVICES
Building and Development
Building Permit Application – Supplemental Information
(MUST BE SUBMITTED WITH THE 'APPLICATION TO CONSTRUCT OR DEMOLISH')

E. FEE INFORMATION		UNIT COST	QUANTITY	COST OF WORK
BUILDING INFORMATION				
CONSTRUCT	Gross Floor Area to be Constructed (SqFt)			
	Building Area to be Constructed (SqFt)			
	Number of Existing Dwelling Units			
	Number of New Dwelling Units			
BUILDING INFORMATION				
DEMOLISH	Gross Floor Area to be Demolished (SqFt)			
	Building Area to be Demolished (SqFt)		1,354,000	
	Number of Stories to be Demolished		1-3	
	Number of Dwelling Units to be Demolished		0	
PLUMBING ONLY				
SITE SERVICING (new service)	D&D Review Required ☐ Yes ☐ No			
	Linear feet of D.S.W. 4 " or less	$0.46		
	Linear meters of D.S.W. 100mm or less	$1.51		
	Linear feet of D.S.W. over 4 "	$0.73		
	Linear meters of D.S.W. over 100mm	$2.40		
	# of Manholes, Catchbasins, Firehydrants	$33.00		
PLUMBING	☐ RESIDENTIAL ☐ NON-RESIDENTIAL			
Replacement of :	D&D Review Required ☐ Yes ☐ No			
Sanitary Sewer ☐	Linear feet of D.S.W. 4 " or less	$0.46		
Storm Sewer ☐	Linear meters of D.S.W. 100mm or less	$1.51		
Building Drain &/or ☐	Linear feet of D.S.W. over 4 "	$0.73		
Water Service ☐	Linear meters of D.S.W. over 100mm	$2.40		
	# of Manholes, Catchbasins, Firehydrants	$33.00		
All Other Plumbing	Linear feet of D.S.W. 4" or less	$0.46		
(new, altered or replaced)	Linear meters of D.S.W. 100mm or less	$1.61		
	# of Fixtures	$13.20 / fixture		
Backflow Prevention	# of Testable Devices	$13.20 / device		
FLAP Application		$150 flat rate		
Septic Tank Changeover		$110 flat rate		
Minimum Permit Fee		$110 flat rate		
HVAC Only		$190 per unit		

Copyright


GM PLANT
ROOF SURVEY PLAN - WEST SIDE
285 ONTARIO STREET
PLEASE NOTE:
ONTARIO STREET
11 TANKS

285 ONTARIO STREET: WEST BLDG
= AREA = 650,619 ⌀

15 102268 IL: MAIN BUILDING: 550,830 ⌀
(PHASE 3)

#1 - GRD FLR =	117,500
#1 - 2ND FLR MEZZ =	16,710
#2 - GRD FLR. =	45,000
#2.1 - GRD FLR. =	15,000
#3 - GRD FLR. =	75,330
#4 - GRD FLR. =	179,430
#4 - 2ND FLR. MEZZ =	16,715
#4 - 2ND FLR ABOVE TRUCK REPAIR =	2,385
#4 - 2ND FLR ELEC. RM =	2,390
#17 - GRD. FLR =	62,880
#17 - 2ND FLR =	11,940
#17 - 3RD FLR =	9,550
	550,830

15 102269 IL · BUILDING (#18): 9507 ⌀

15 102270 IL · 11 TANKS (18.1 TO 18.11) - NO SQ.FT = 0 SQ.FT

15 102272 IL · METAL SHED (18.12): 125 ⌀

15 102273 IL · QUANSET HUT (18.13): 447 ⌀

15 102274 IL · QUANSET HUT (3.1): 5,214 ⌀

15 102276 IL · CONCRETE BLDG (3.2): 1,000 ⌀

15 102277 IL. BUILDING 3 + 5.1: 34,785 ⌀

#5 =	34,245
#5.1 =	540
	34,785

15 102278 IL · BUILDING 5.2: 719 ⌀

15 102279 IL · BUILDING 15: 43,792 ⌀

#15 - GRD. FLR =	36,632
#15 - 2ND FLR =	7,160
	43,792

15 102280 IL · MAIN SWITCHING BUILDING (15.1): = 4200 ⌀

21 DEMO PERMITS
↳ 11 DEMO PERMITS (LUMP 11 TANKS INTO 1 DEMO PERMIT)

CITY OF ST CATHARINES
PLANNING AND DEVELOPMENT SERVICES
BUILDING SECTION

DEMOLITION PERMIT APPLICATION – SERVICES DECLARATION

This form **must** be completed with all applications.

Date: February 27, 2015 **Project No:** 15 102268 IL

Address: 282 Ontario St, St Catharines

1.	a) Do you have a water line?	☒ Yes	☐ No
	b) If yes, do you wish to:		
	REMOVE the water service at watermain? (work order required – fees to be paid at time of application)	☒ (See Note 7)	
	REUSE the water service at the property line? (no work order required – no fees required)	☐	
2.	Do you have a water meter to be removed? (work order required – fees invoiced after work completed)	☒ Yes (See Note 6)	☐ No
3.	a) Do you have a sanitary sewer line?	☒ Yes	☐ No
	b) If yes, do you wish to:		
	REMOVE the existing sanitary sewer lateral at the property line? (work order required – fees to be paid at time of application)	☒ (See Note 7)	
	REUSE the existing sanitary sewer lateral at the property line? (no work order required – no fees required)	☐ (See Note 5)	
4.	a) Do you have a storm sewer line?	☒ Yes	☐ No
	b) If yes, do you wish to:		
	REMOVE the existing storm sewer lateral at the property line? (work order required – fees to be paid at time of application)	☒ (See Note 7)	
	REUSE the existing storm sewer lateral at the property line? (no work order required – no fees required)	☐	

5. If the applicant wishes to reuse the existing sewer lateral, a TV camera sewer lateral inspection, as per 'Schedule of Rates and Fees', applies. The applicant is responsible to contact the Sewer Foreman at 905-688-5601, Extension 2222 and arrange a time and date to complete the lateral inspection.
Please note – The lateral shall be accessible at time of inspection. **No further building permits can be issued for this property until the inspection is complete.**

6. There will be a charge to turn the water off as per 'Schedule of Rates and Fees'. The fee will be charged by the Water Billing Department upon removal of water meter.

7. The following only applies for the removal of the water service and/or sewer laterals:
   - Fees for the removal of existing services will be as per "Schedule of Rates and Fees". Applicant is advised to review Schedule of Rates and Fees.
   - The water services will be removed at the source watermain in the road and will not be re-useable.
   - The sewer services will be capped at the property line and will not be re-useable.

Date of Demolition: April 27, 2015

Contact Name (Print): William Bartels or Christina Murray

Contact Telephone Number: 905 312 9506 x 304

I HAVE BEEN ADVISED THAT IT IS THE OWNER'S RESPONSIBILITY TO CONTACT FINANCIAL MANAGEMENT SERVICES @ EXT. 1456 TO DETERMINE IF THERE ARE ANY PROPERTY TAX IMPLICATIONS.

Signature of Applicant

Note:
Separate work orders are required for items 1 – 4 above.
For all work orders raised in conjunction with a permit application, a copy of this application must be faxed to LSSC.

- Forward to Sewer Foreman.
- Attach a copy of building receipt.
- Provide copy to applicant

g:\pds-forms\demolition permit application-services declaration-apr2012.docm

Date: Feb 27/15

Planning and Development Services
Building Section

Re: Utility Clearance for Demolition Permit

I, Christina Murray, applicant for a ***Permit to Demolish***

Project File No.: 15 102268 IL

Address: 282-285 Ontario Street, St. Catharines - GM Plant

have notified the following utilities:

1. **Horizon Utilities Corp,**
   Enbridge Gas, **1-800-400-2255**
   Bell Canada
2. **Cogeco Cable** **1-800-267-9000**

I understand City staff will attend to the property concerning water and sewer services, and notices pursuant to the Ontario Heritage Act and Ministry of Labour

Signature of Applicant

PDS-Forms \ UtilClearance
March 2012

"B(1)" Permit Application/Utility Clearance Forms 15 102268 IL - 285 Ontario St.

City of St. Catharines
stcatharines.ca

Church Street, P.O. Box 3012
St. Catharines, ON L2R 7C2
Tel: 905-688-5600
TTY: 905-688-4TTY (4889)

DEMOLITION PERMIT CHECKLIST

MARCH 05 2013

$205.00

AMANDA FOLDER INFORMATION	15 102268 IL
ADDRESS / LOCATION:	285 ONTARIO STREET (WEST BLDG)
GROUP: **BSP**	
TYPE:	IL
SUB-TYPE:	MANUFACTURING PLANT
WORK PROPOSED:	DEMOLISH
DESCRIPTION:	DEMOLISH MAIN BUILDING (+/- 550,830 sq ft) - PHASE 3 (UNIT # 1, 2, 2.1, 3, 4 & 17 INCLUDING 2ND & 3RD FLOOR AREAS)
NUMBER OF EXISTING DWELLING UNITS:	Ø
NUMBER OF DWELLING UNITS TO BE DEMOLISHED / LOST:	Ø
STATS CANADA BUILDING AREA SQ.FT / M:	0
NEW GROSS FLOOR AREA:	0

WEST BUILDING	PERMIT TIME:		10
	(Commercial) / Residential: (Y)	N	$205.00
D & D Review Required?	(Y)	N	
Fire Review Required?	(Y)	N	
Plumbing Review Required?	(Y)	N	
Sidewalk Deposit Review Required?	(Y)	N	TBD
HVAC Review Required?	(Y)	N	
Decommission Water Service?	Y	N	$ } TBD
Decommission Sanitary Service?	Y	N	$ } TBD
Decommission Storm Service?	Y	N	$ } TBD
Inspect Existing Sanitary Service?	Y	N	$ } TBD

BUILDING CHECK

Inspector: _____

APPROVAL	REQ'D	REC'D	APPROVAL	REQ'D	REC'D
Heritage Act	Y (N)		Tenant Protection Act (5 or more units)	Y (N)	
Non-Designated Heritage Property	Y (N)		Utility Form	(Y) N	
Niagara Escarpment Commission	Y (N)		Water / Lateral Services Declaration Form	(Y) N	
Engineer Review	(Y) N	SEE P.ENG REPORT	Zoning – ALL Accessory Structures must be demolished along with main dwelling	(Y) N	

AGENCIES NOTIFIED

Clerk: _____

APPROVAL	REQ'D	REC'D	APPROVAL	REQ'D	REC'D
Ministry of Labour	Y N		City Utilities	Y N	

Remarks:
- ☐ C/A D & D FEES TBD
- ☐ C/A SIDEWALK DAMAGE DEPOSIT TBD
- ☐ FEES IN THE AMOUNT OF $205.00

DATE: APPROVED:

g:\tes-forms\demolitionpermitchklst-Jan2010.doc

CITY OF ST. CATHARINES

PLANNING AND BUILDING
SERVICES DEPARTMENT

CITY HALL
50 CHURCH STREET
P.O. BOX 3012
ST. CATHARINES, ONTARIO L2R 7C2

TEL. (905)-688-5601, EXT. 1660
FAX. (905)-688-5873

PERMIT

PERMISSION IS HEREBY GRANTED TO OWNER OF LAND TO:

Work Proposed: Demolish — Project #: 15 102268 IL
Manufacturing Plants — Industrial
Demolish Main Building - Phase 3 (Units 1, 2, 2.1, 3, 4 and 17, including second and third floor areas)
Property Roll Number:2629040030056000000 — Application Date: March 05, 2015
Site Address: 285 Ontario Street Unit 0000 St. Catharines L1H 8P7 — Issued: May 11, 2015
Legal Description: See comment tab.

Applicant: Budget Environmental Disposal Inc
375 Gage Avenue Hamilton ON ON L8L 7B1 — Work: (289) 639-9540 — Fax: (905) 543-0244
Owner: 2390541 Ontario Inc
282 Ontario Street St. Catharines ON ON L2R 0B4 — Work: (905) 228-1712 — Home: (905) -

On the said premise in accordance with plans and/or documents submitted to the Chief Building Official and subjected to the conditions in our letter dated: Mar 26, 2015

Demolition Inspection

IMPORTANT

THE OWNER, CONTRACTOR OR AUTHORIZED AGENT OF THE OWNER SHALL NOTIFY THE BUILDING SECTION AT LEAST 48 HOURS IN ADVANCE OF THE ABOVE NOTED INSPECTIONS. PLEASE QUOTE YOUR PROJECT NUMBER.

CALL 688-5601 Ext 1660 (TTY: 905-688-4889)

THE APPROVED PERMIT DRAWINGS MUST BE KEPT ON THE CONSTRUCTION SITE AND MADE AVAILABLE TO THE INSPECTOR. COVERING WORK PRIOR TO INSPECTION MAY RESULT IN DELAYS AND REMOVAL OF FINISHES

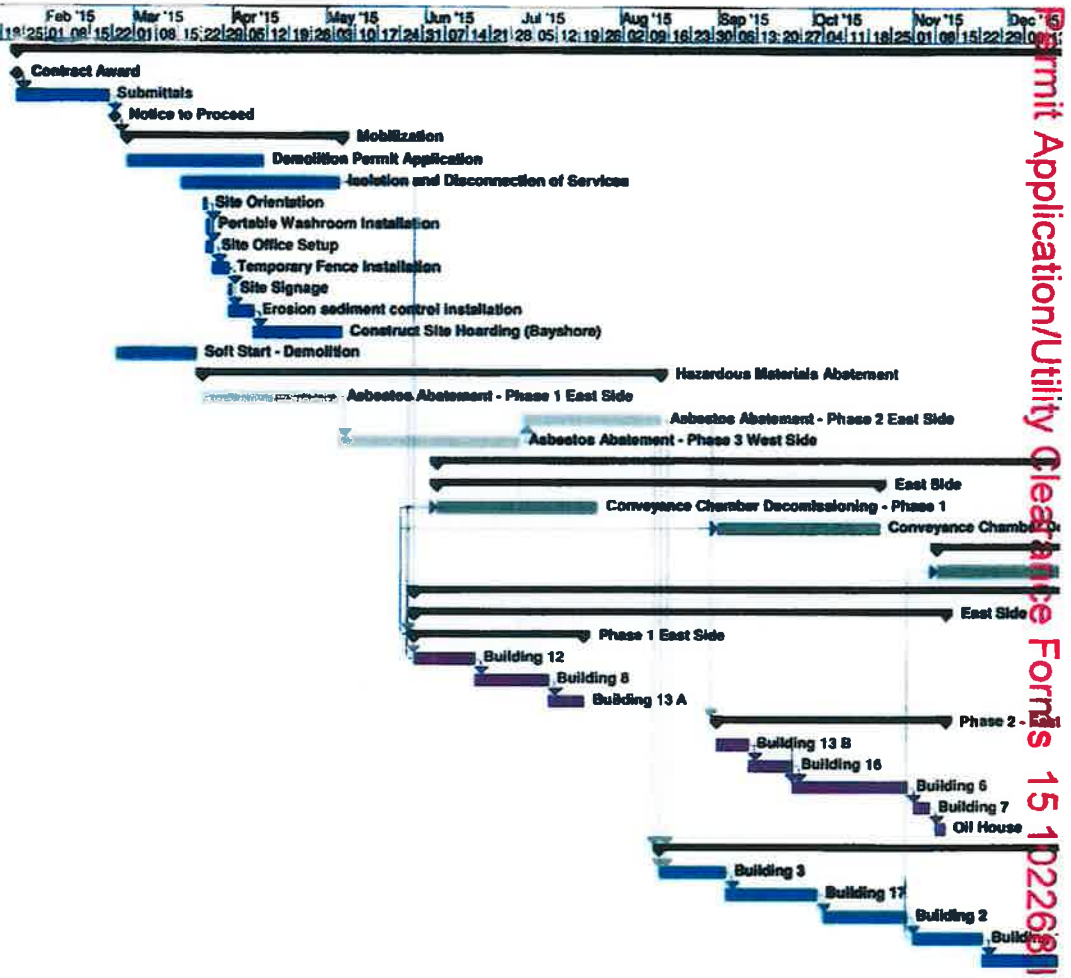
1. All work must be completed in accordance with plans and/or documents submitted to the Chief Building Official and/or authorized changes by the Chief Building Official.
2. This permit will be revoked after six months if the work described has not been seriously commenced or if the work is substantially suspended or discontinued for a period of time.
3. This permit is granted on the express condition that the said work in all respects conforms to the provisions of the Ontario Building Code and any other relevant by-laws of the City of St. Catharines.
4. Permission must be obtained from the City Engineer and/or the Regional Engineer to occupy the road allowance (the street, the boulevard and sidewalk) or effect changes to same.
5. The project is subject to the requirements of the Occupational Health and Safety Act.
6. The owner, contractor, or authorized agent shall be responsible for verifying that the proposed work will not interfere with public services including gas, hydro, sewer, water, telephone and cable television.
7. Any future use of the property after demolition shall be in accordance with the Zoning By-laws and Site Plan Control By-law.

Date Signed: May 11, 2015 — Authorized Signature: _____
Chief Building Official

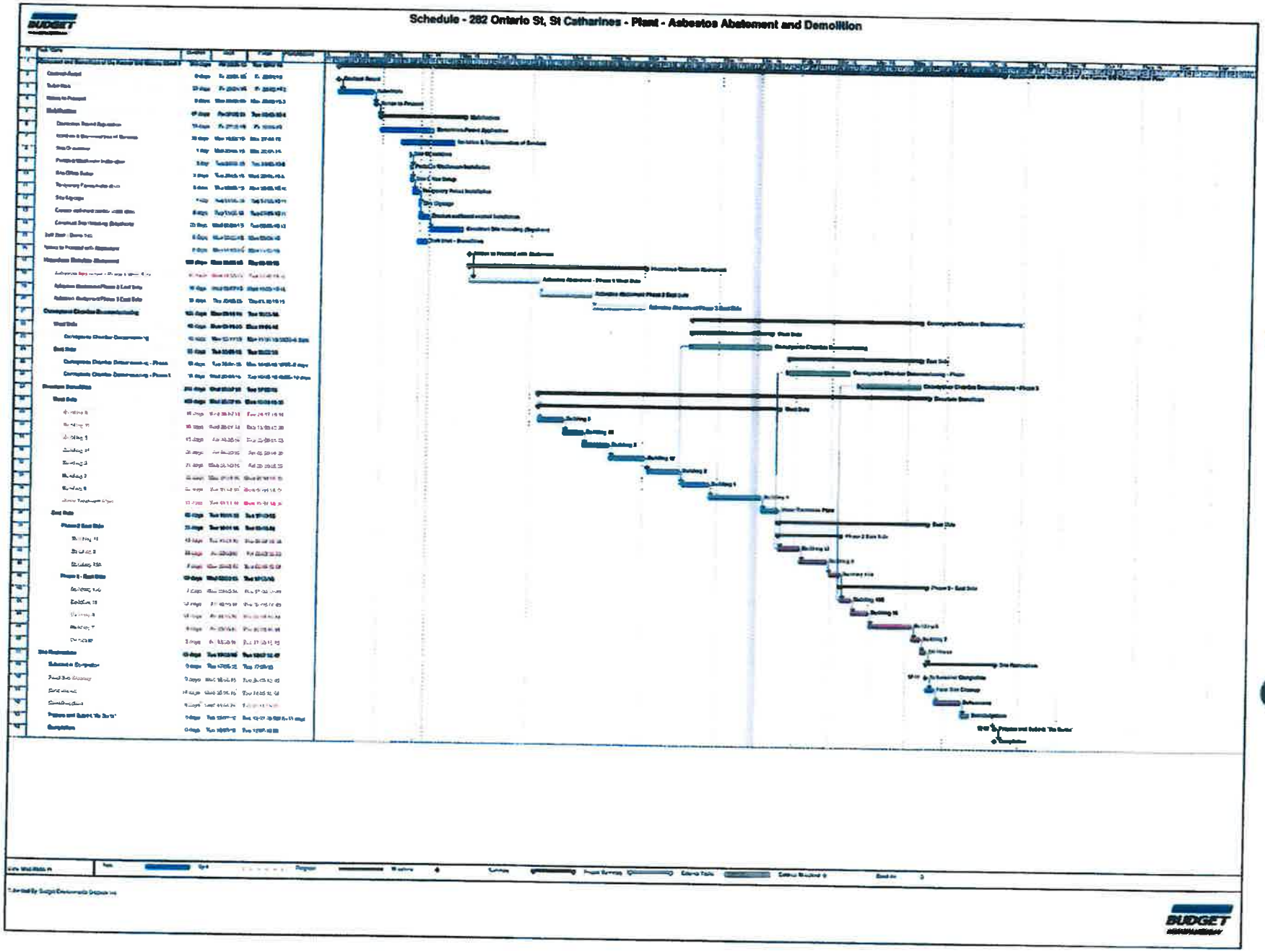
OFFICE COPY

DRAFT Schedule - GM Ontario Street Plant - Asbestos Abatement

ID	Task Name	Duration	Start	Finish
1	Abatement and Demolition of the Former GM Ontario Str	310 days	Fri 23/01/15	Tue 19/04/16
2	Contract Award	0 days	Fri 23/01/15	Fri 23/01/15
3	Submittals	20 days	Fri 23/01/15	Fri 20/02/15
4	Notice to Proceed	0 days	Mon 23/02/15	Mon 23/02/15
5	Mobilization	47 days	Fri 27/02/15	Tue 05/05/15
6	Demolition Permit Application	30 days	Fri 27/02/15	Fri 10/04/15
7	Isolation and Disconnection of Services	35 days	Mon 16/03/15	Mon 04/05/15
8	Site Orientation	1 day	Mon 23/03/15	Mon 23/03/15
9	Portable Washroom Installation	1 day	Tue 24/03/15	Tue 24/03/15
10	Site Office Setup	2 days	Tue 24/03/15	Wed 25/03/15
11	Temporary Fence Installation	3 days	Thu 26/03/15	Mon 30/03/15
12	Site Signage	1 day	Tue 31/03/15	Tue 31/03/15
13	Erosion sediment control installation	5 days	Tue 31/03/15	Tue 07/04/15
14	Construct Site Hoarding (Bayshore)	20 days	Wed 08/04/15	Tue 05/05/15
15	Soft Start - Demolition	19 days	Tue 24/02/15	Fri 20/03/15
16	Hazardous Materials Abatement	169 days	Mon 23/03/15	Thu 13/08/15
17	Asbestos Abatement - Phase 1 East Side	30 days	Mon 23/03/15	Mon 04/05/15
18	Asbestos Abatement - Phase 2 East Side	30 days	Thu 02/07/15	Thu 13/08/15
19	Asbestos Abatement - Phase 3 West Side	40 days	Tue 05/05/15	Tue 30/06/15
20	Conveyance Chamber Decommissioning	147 days	Fri 05/06/15	Mon 11/01/16
21	East Side	95 days	Fri 05/06/15	Wed 21/10/15
22	Conveyance Chamber Decomissioning - Phase 1	35 days	Fri 05/06/15	Fri 24/07/15
23	Conveyance Chamber Decomissioning - Phase 2	35 days	Tue 01/09/15	Wed 21/10/15
24	West Side	40 days	Mon 09/11/15	Mon 11/01/16
25	Conveyance Chamber Decomissioning	40 days	Mon 09/11/15	Mon 11/01/16
26	Structure Demolition	183 days	Fri 29/05/15	Tue 23/02/16
27	East Side	115 days	Fri 29/05/15	Wed 11/11/15
28	Phase 1 East Side	36 days	Fri 29/05/15	Mon 20/07/15
29	Building 12	13 days	Fri 29/05/15	Tue 16/06/15
30	Building 8	16 days	Wed 17/06/15	Thu 09/07/15
31	Building 13 A	7 days	Fri 10/07/15	Mon 20/07/15
32	Phase 2 - East Side	50 days	Tue 01/09/15	Wed 11/11/15
33	Building 13 B	7 days	Tue 01/09/15	Thu 10/09/15
34	Building 16	10 days	Fri 11/09/15	Thu 24/09/15
35	Building 6	25 days	Fri 25/09/15	Fri 30/10/15
36	Building 7	5 days	Mon 02/11/15	Fri 06/11/15
37	Oil House	3 days	Mon 09/11/15	Wed 11/11/15
38	West Side	130 days	Fri 14/08/15	Tue 23/02/16
39	Building 3	15 days	Fri 14/08/15	Thu 03/09/15
40	Building 17	20 days	Fri 04/09/15	Fri 02/10/15
41	Building 2	19 days	Mon 05/10/15	Fri 30/10/15
42	Building 1	16 days	Mon 02/11/15	Mon 23/11/15
43	Building 4	24 days	Tue 24/11/15	Mon 04/01/16
44	Water Treatment Plant	10 days	Tue 05/01/16	Mon 18/01/16
45	Building 5	15 days	Tue 19/01/16	Mon 08/02/16
46	Building 15	11 days	Tue 09/02/16	Tue 23/02/16
47	Site Restoration	40 days	Tue 23/02/16	Tue 19/04/16
48	Substantial Completion	0 days	Tue 23/02/16	Tue 23/02/16
49	Final Site Cleanup	5 days	Wed 24/02/16	Tue 01/03/16
50	Deficiencies	15 days	Wed 02/03/16	Tue 22/03/16
51	Demobilization	5 days	Wed 23/03/16	Tue 29/03/16
52	Prepare and Submit "As Builts"	0 days	Tue 19/04/16	Tue 19/04/16
53	Completion	0 days	Tue 19/04/16	Tue 19/04/16



"B1)" Permit Application/Utility Clearance Forms 15 102268 IL - 285 Ontario St.



"B(1)" Permit Application/Utility Clearance Forms 15 102268 IL - 285 Ontario St.

PCL XL error

Subsystem: GE_VECTOR

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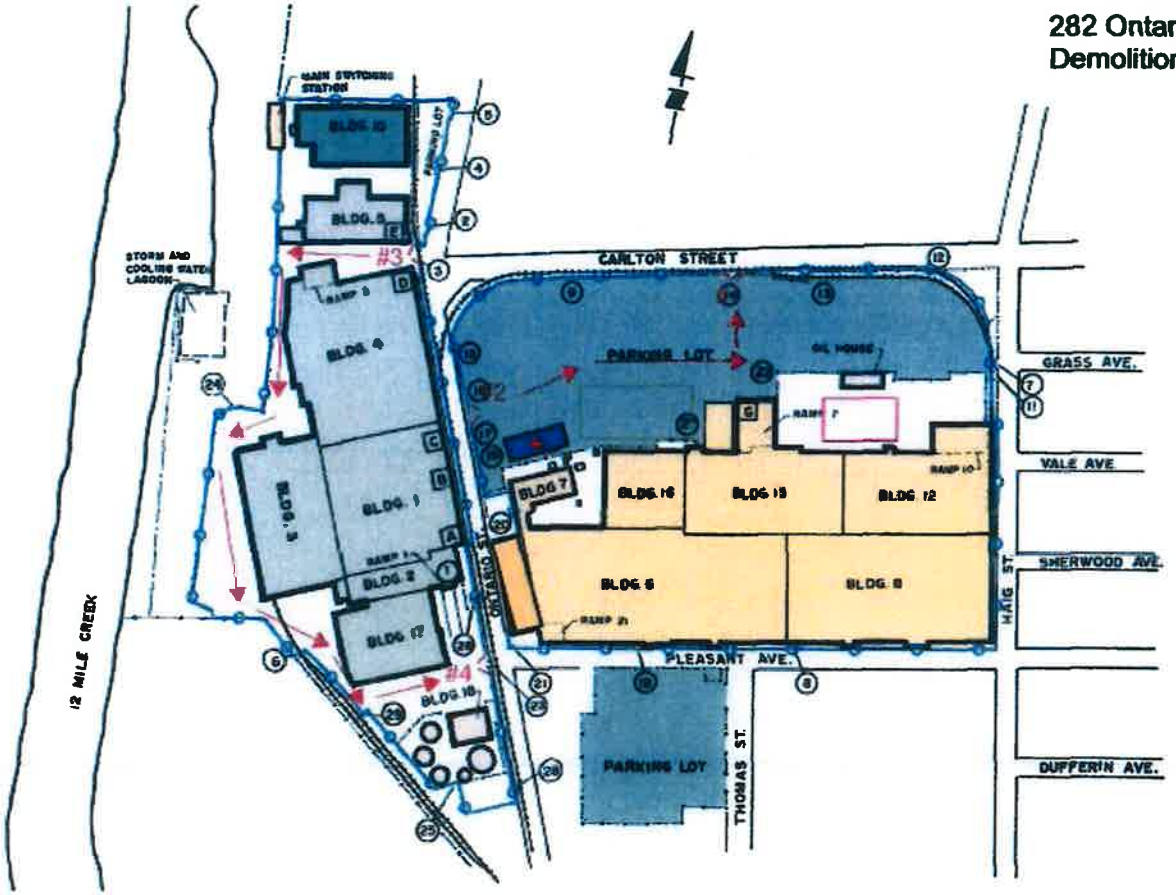
BUDGET

ENVIRONMENTAL DISPOSAL INC.

282 Ontario St, St Catharines
Demolition Site Plan



Legend			Project Information
Perimeter Fencing	Fire Route		Project: Demolition of 282 Ontario St, St Catharines
Construction Access/Gates			Contractor: Budget Environmental Disposal Inc
#1 Main Gate #1 - East Access			Date: April 2, 2015
#2 Gate #2 Fire/Emergency Access Only			Site Contacts:
#3 Gate #3 - West Access			Bayshore Developments:
#4 Gate #4 - Fire/Emergency Access Only			Project Manager: Lazlo Joanovits - 416 949 8771
Budget's Main Site Office			Budget Environmental Disposal Inc:
Bayshore's Main Office			Project Manager: William Bartels - 905 971 9004
First Aid / Muster Point			N
Equipment Laydown			
Material Storage			
Decon Unit - Authorized Entry Only			

CITY OF ST. CATHARINES
T.E.S. DEPARTMENT-BUILDING SECTION
CERTIFIED DRAWINGS
SUBMITTED FOR
CONSTRUCTION UNDER
PROJECT No. 15 102268 IL
THESE DRAWINGS MUST BE AVAILABLE ON THE
SITE UNTIL COMPLETION OF CONSTRUCTION
DATE May 11/15
PER MANAGER OF
BUILDING & DEVELOPMENT

BUILDING PERMIT IS ISSUED SUBJECT TO THE CONDITIONS OUTLINED IN THE ATTACHED LETTER OF APPROVAL DATED

Mar. 26/2015

OFFICE COPY

Former GM Ontario Street Plant Demolition - Methodology

Project Overview:

The following methodology for the abatement, decommissioning and demolition of the GM St. Catharines Axle Plant will mirror the attached schedule, the attached Sequencing Work Plan and follow the specifications as set out by Pinchin Ltd.

The Asbestos Abatement work will include the removal and disposal of both friable and non-friable asbestos, including but not limited to, insulation, pipe fittings, roofing and transite siding. A more detailed work plan will be established prior to commencing work onsite.

Decommissioning activities include site preparation, hazardous material removal, designation of temporary on-site storage of selected hazardous materials and any and all work required to prepare the designated structures for demolition. The conveyance trench and pits need to be uncovered, equipment removed, and the trenches cleaned. The wash water is to be disposed offsite to a licensed treatment facility.

Demolition activities include the removal of all buildings onsite, with the exception of building 11, the tunnel under Ontario Street and the tilt plate structures. Processing and recycling of all salvageable materials and scrap metal, crushing of concrete and brick for use as backfill for voids created by demolition, and the off-site disposal of demolition debris.

Restoration activities include breaking all concrete equipment pads flush with the slab on grade, removing any demolition debris and backfilling the conveyance pits and chambers with broken rubble resulting from the demolition.

Procedure:

The following is the general sequence of events involved in the abatement, decommissioning, demolition of the buildings and final site restoration.

1. **Site Fencing:** Solid Wood Hoarding, supplied and erected by Bayshore, will be built to surround the site, with the exception of the buildings that are directly adjacent to the sidewalk. These buildings will have temporary fence installed alongside them, and once they are demolished, then solid wood hoarding will be installed to close the site. Signage will be posted around the perimeter of the work areas as well as the perimeter of the site as applicable, limiting access to the area, and cautioning of the danger within.

2. **Site Access:** All Demolition related access to the GM site will be through either Ontario Street or Carlton Street, depending on which area of the site is being accessed. All vehicles moving in and out of the site will be required to sign in and out of the site trailer and report to the supervisor.

3. **Road Closures & Traffic Control:** During the demolition of the west buildings, road and sidewalk closures will be implemented to allow for the safe demolition of the buildings. A detailed traffic control plan in accordance with Book 7 will be prepared by the Project Management Team prior to starting onsite. It is anticipated that Ontario Street will be closed between Carlton Street and Pleasant Ave while demolition adjacent to the sidewalk is progressing.

4. **Erosion & Sediment Control/Sub Surface Contamination Mitigation:** Due to the close proximity to the Twelve Mile Creek and the surrounding residential neighborhoods, there are potentials for environmental concerns. Though the subsurface contamination remediation is not part of this project's scope of work, the following mitigating measures will be put in place and will be used onsite for the duration of the project.

    a) Catch Basins: Prior to any onsite demolition taking place, all Catch Basins / Manholes within the work area will be identified and will have sediment traps installed to prevent debris from entering. Throughout the duration of the project, these will be continually checked and any necessary repairs will be made to the filter cloth on an ongoing basis.
    b) Sediment Control: Sediment control will be installed along the West portion of the site, along the twelve mile creek, to prevent runoff into the open waterways.
    c) Sub Surface Contamination/Run Off: All stockpiling of excavated material is to be away from any open waterways. All stockpiles to have sediment controls and water run off controls (ie. socks) installed as necessary.
    d) Conveyance Trench and Pits: During the demolition of the buildings, the conveyance trench and pits will be decommissioned as work progresses, thereby allowing any rain water collected in clean pits, to be discharged without treatment during the demolition phase

5. **Dust Control Plan:** The Dust Control Plan identifies measures that will be taken on site to control dust during demolition and abatement activities. The following measures should be included or reviewed as part of the site specific dust control plan:

    a) The daily, or more frequently if required, wetting of all soft and hard surfaces and any excavation face on the site, with the addition of calcium chloride or other recognized materials as a dust suppressant, as required
    b) The daily cleaning of the road pavement and sidewalks for the entire frontage of the property to a distance of twenty-five (25) metres from the property line, as required
    c) The designation of truck loading points to avoid trucks tracking potentially contaminated soil and demolition debris off site. Such loading points should be on a gravel base to minimize tracking of soil onto the sidewalk and the street. If the loading point becomes contaminated it should be cleaned and replaced
    d) All trucks and vans leaving the site should be cleaned of all loose soil and dust from demolition debris including the washing of tires and sweeping or washing of exteriors and tailgates by a designated labourer, as required
    e) Tarping all trucks leaving the site which have been loaded with indigenous soil or demolition debris
    f) An air monitoring program, if necessary, as determined through consultation with the Medical Officer of Health
    g) Supervision of the dust control measures by a qualified environmental consultant if necessary, as determined through consultation with the Medical Officer of Health.

6. **Site Specific Health and Safety Plan (HASP):** In accordance with Budget Environmental Disposal Inc's Health and Safety Policy and Procedures, prior to any work commencing onsite, the Health and Safety Team and the Project Management Team will develop a site specific health and safety plan. This plan will address the site as a whole, and will address:
    a) Identify Potential Hazards
    b) Establish site specific emergency action plans for
        i. Minor Injuries
        ii. Critical Injuries

iii. Spill
iv. Fire/Evacuation

c) Establish fire access routes for the site
d) Establish the route to the nearest hospital
e) 24 hour emergency contact numbers

This plan will also include the following manuals, information sheets and detailed work plans that will be specifically established for the site:

a) Health and Safety Manual
b) MSDS Sheets
c) Job Hazard Analysis
d) Asbestos Removal Work Plan
e) Dust Control Plan
f) Above Ground Storage Tank Removal Plan
g) Utility Decommissioning Plan
h) Chemical Sweep Plan

7. **Health and Safety**
All work to be carried out in accordance with Budget's H&S Manual and in accordance with:
   a) CSA Standard S350-M 198, "Code of Practice for Safety in Demolition of Structures"
   b) Occupational Health and Safety Act and Regulations for Construction Projects", O. Reg. 213/91
   c) National Building Code, Part 8 – Safety Measures at Construction & Demolition Sites
   d) Regulation 278/05 – Designated Substances and Asbestos on Worksites

8. **Work Hours:** Local bylaws will be considered prior to setting firm onsite work hours, with hours potentially being from 7AM to 5PM.
   a) Shifts Per Day: It is anticipated that One 10 hour shift per day will be utilized onsite. A typical work week will be Monday through Friday, Except Statutory Holidays.

9. **Locates:** Prior to any demolition activity or below grade excavations, it is required that all local utilities be contacted and that they mark out and provide diagrams of all services within and surrounding the work area. A copy of these locates are to be provided to each excavator operator onsite, and a copy is to be kept with the supervisor onsite.

10. **Demolition Permit:** In accordance with the Specifications, Budget Environmental will obtain and pay for the demolition permit from the City of St. Catharines. This will include signoffs from service providers that the services have been disconnected at the property line, as well as a commitment to general review from a licensed engineer, accompanied by an engineered demolition plan.

11. **Disconnection of Services:** Prior to any structural demolition being completed on site, contact all service providers to remove all equipment and disconnect all utilities servicing the site. Services that require removal typically include but are not limited to: Water, Hydro, Natural Gas and Telephone. If there will be any energized hydro lines remaining onsite, warning signs are to be posted on these electrical lines and all associated equipment clearly indicating that these lines are energized.

12. **Designated Substances:** In accordance with governing regulations, remove all designated substances from within the building prior to any structural demolition. A Pre Demolition Designated Substance Survey was prepared prior to any work being completed onsite. This report identifies all designated substances and hazardous building materials that have been used within the buildings. A removal plan will be prepared based upon the results and will include the following general procedures:

a) Notify the nearest Ministers Office of the Asbestos Abatement Work, supplying all of the pertinent project information.
b) Notify the Owners Representative of the intended start date and meet with the Owners Representative to coordinate all Asbestos Abatement activities.
c) All identified materials will be removed following Type 1, 2 & 3 Asbestos Abatement Procedures.
d) All workers completing the removals will be properly trained to safely remove asbestos and will be outfitted in the required PPE as required.
e) As the Asbestos Containing Materials are being removed from the building, the materials will be disposed of in accordance with Ontario Regulations
    i. All Friable and Non-Friable waste will be segregated from one another.
    ii. The non-friable and friable Asbestos waste will be transported and disposed of in accordance with Ontario Asbestos Waste Disposal Guidelines and Transportation of Dangerous Goods Act.
f) Once all Asbestos containing material have been removed from within the buildings, a final visual inspection will be conducted by the Engineer and the areas will be maintained until the areas receive approval that the buildings are ready for demolition.
g) Asbestos Abatement Removals will be completed by a building by building bases and will be identified by work areas. Certain Non-Friable ACMs will be handled per section 13282 in conjunction with the demolition of the structures

13. **Demolition Methodology:** This methodology plan is to be read in conjunction with the proposed demolition schedule, the demolition sequencing work plan, and the Engineered Demolition Work Plan prepared by Hawley and Associates. The complete demolition shall begin with the demolition of the east side of the plant and the ancillary buildings, which can be demolished using conventional methods.
    a) **Progression**

        i. The conventional demolition and high reach demolition of the buildings will be completed in a building by building fashion interchangeably, beginning with The East Buildings, starting Building #12, working towards the Building #7 and the Oil House. As the work progresses, they crews will then move across to the West Buildings Starting with Building # 17 on towards Building #4, finishing with Buildings #5 and #15.
        ii. During the demolition of the East Plant, where attached to the Office Building #11 which is to remain, care will be taken not to damage the building finishes and services. Openings will be cut in the walls, floors and roof to expose the steel structure and reinforcing, before cutting Building #11 away from the remainder of the East Plant. The openings and cuts in the building will be patched and made weather tight, to match the existing exterior block wall.
    b) **Conventional Demolition:**
        i. This methodology will be used to complete the demolition of the majority of the buildings onsite. The sequencing of the demolition activities will be determined by the submitted schedule and will include all buildings slated for demolition.
        ii. At the beginning of each day, the Budget Demolition Team shall review the fencing, guards, and scaffolding and all equipment and tools, including any equipment utilized in a fall arrest system required for demolition to ensure safety of all workers and the public. Replace any found to be deficient.
        iii. Remove initially all non-load bearing elements from the building including partitions, drywall, cabinets, doors, electrical service, wiring, fixtures etc.

iv. All tunnels and basements shall be clearly identified and delineated prior to the start of demolition to prevent possible collapse during demolition work
v. Utilizing a demolition equipped excavator with a rotating pulveriser or grapple attachment, the operator, starting with the roof and progressing down, will systematically remove the suspended concrete floors and columns in a controlled manner. The demolition will progress bay by bay working down to the slab on grade. As this machine is demolishing, it will be keeping the concrete and steel separate to maximize the efficiency of the clean-up operation.
vi. Utilizing a high reach excavator equipped with a rotating pulveriser or grapple attachment, the operator, starting with the roof and progressing down, will in a systematic and controlled manner remove the suspended concrete floors and columns in a controlled manner. The demolition will progress bay by bay working down to the slab on grade. As this machine is demolishing, it will be keeping the concrete and steel separate to maximize the efficiency of the clean-up operation. This type of equipment will be used on buildings over 35' in height
vii. Appropriate dust control measures are to be used to as required to prevent excessive dust or debris from arising during demolition.
viii. Following closely behind the lead excavator, will be additional hydraulic excavators, with bucket and thumb attachments or grapples, to be used for sorting concrete rubble, demolition debris and recyclable metals. Once segregated this material will be loaded onto trucks for off-site disposal.
ix. Additional equipment will then begin to prepare the concrete for onsite use. All concrete and brick rubble will be broken and prepared for use onsite as directed by the owner.
x. Where unknown services are encountered, the owner will be notified immediately and the findings confirmed in writing.
xi. No explosives will be used in this demolition procedure
xii. No selling, burning or burying of materials will occur on site.

14. **Conveyance Chamber:** Decommissioning of the conveyance chamber will occur simultaneously with the demolition of the structures, after a portion of the trench and pits have been exposed. As the buildings are demolished and safe access to the pits is obtained, the washing of the pits and chambers will occur. Once the pits and chambers have been determined to be clean, then the backfilling of the pits and chambers will occur, as reflected in the attached schedule.

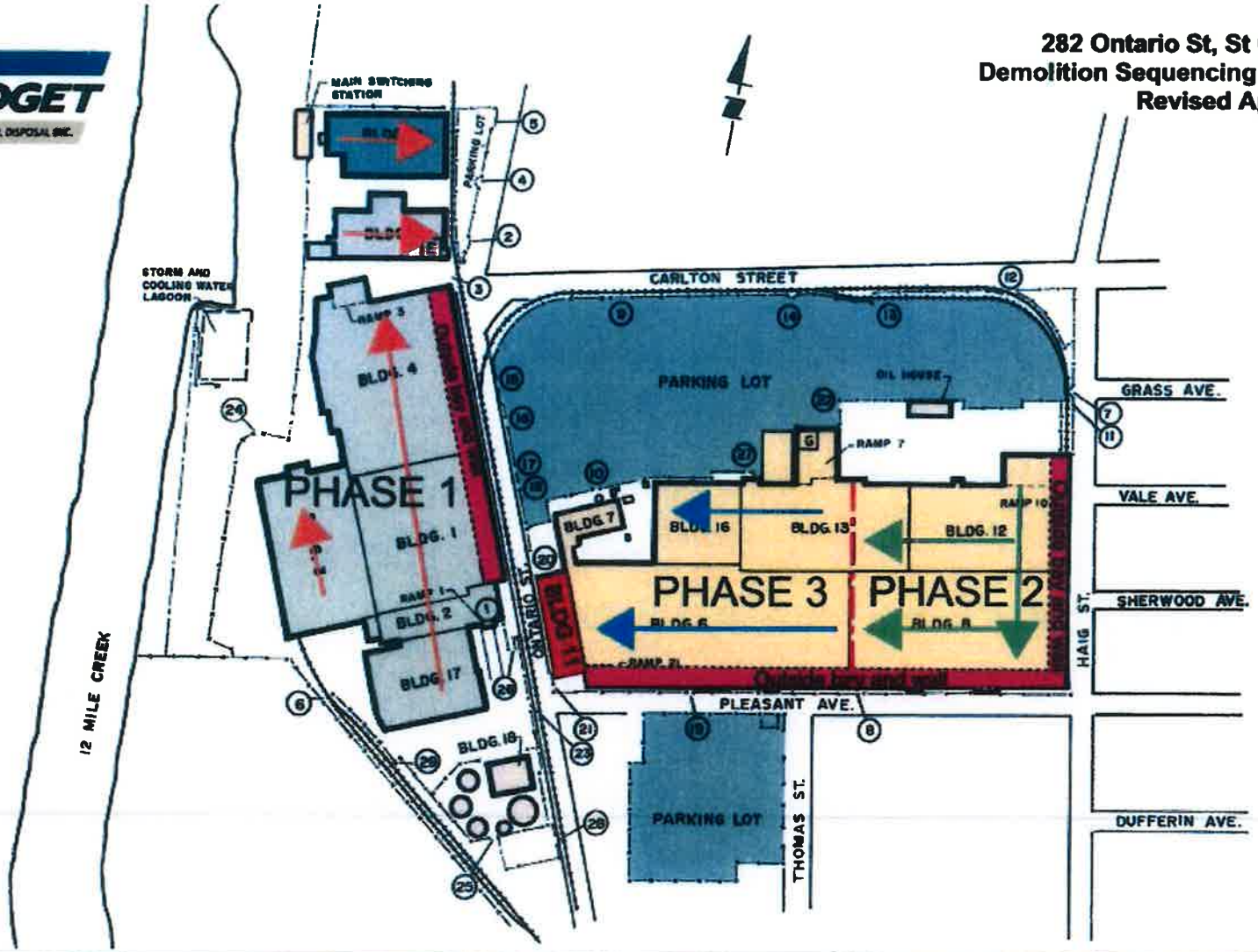
    Prior to the demolition, the trenches and pits will be uncovered and mapped out to determine the locations and depths of the trench and pits. The trenches will be opened and the scrap equipment removed, processed, and loaded for offsite disposal by the owner. The trench and pits will be washed as per section 13287 of the Pinchin Tender, and the wash water collected and transported offsite to a licensed facility. Once the cleaning is complete, the trench and pits will be fenced off and backfilled using broken rubble resulting from the demolition.

15. **Final site Cleanup / Project Closeout:** Following the final completion of the demolition of the buildings onsite, the entire site will be left in a clean and safe condition, with all debris removed offsite. A final inspection from Bayshore will be held and any deficiencies will be dealt with in an expedient manner. Final site drawing showing the locations of capped services will be provided to Bayshore for future use. All equipment, site trailers and washrooms will demobilize from the site.

"B(2)" Methodology 15 102268 IL - 285 Ontario St.

BUDGET
ENVIRONMENTAL DISPOSAL INC.

282 Ontario St, St Catharines
Demolition Sequencing Work Plan
Revised April 8, 2015

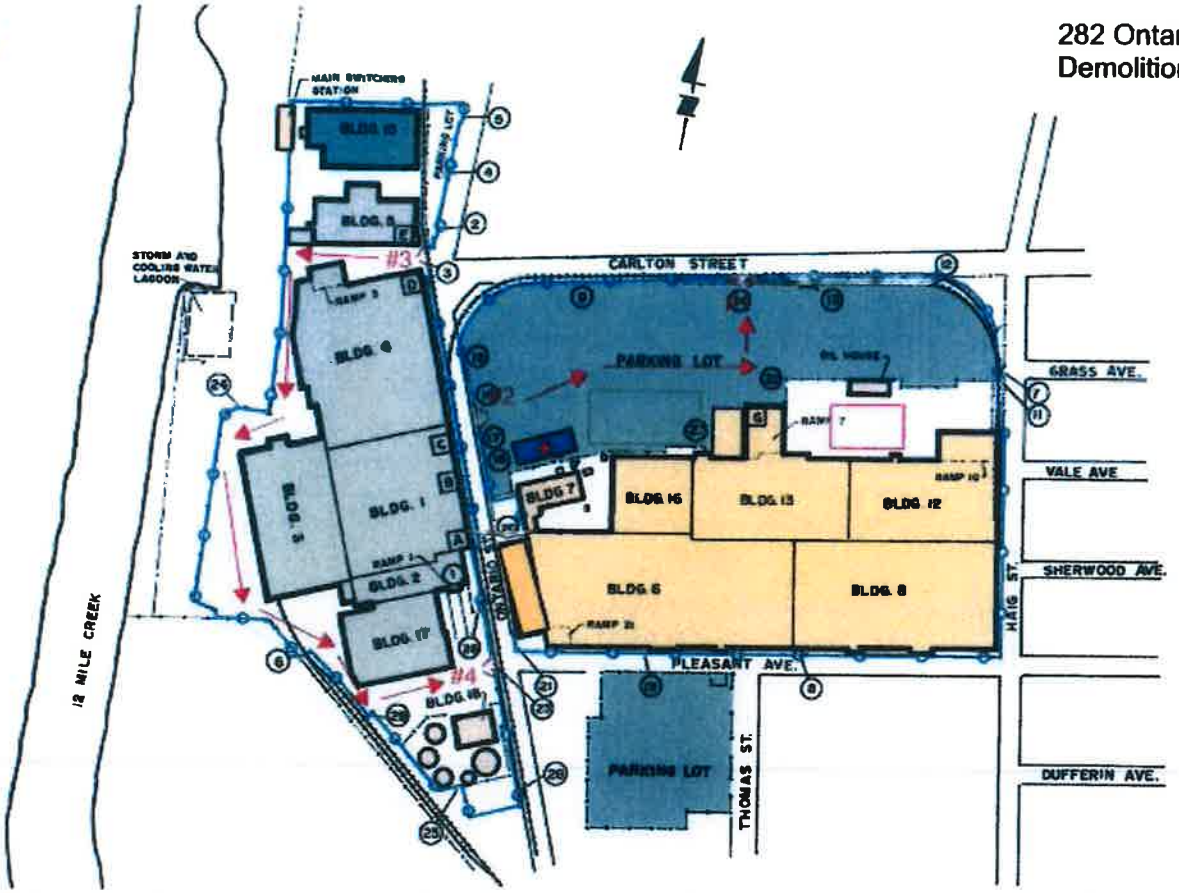


Legend	Project Information
Phase 1 - West Side Direction of Demolition Sequencing Phase 2 - East Side Direction of Demolition Sequencing Building 11 & Tunnel - To be isolated and to remain Street side bay and wall to remain until the end - dust control measure Phase 2 & Phase 3 dividing line Phase 3 - East Side Direction of Demolition Sequencing	Project: 282 Ontario St, St Catharines Contractor: Budget Environmental Disposal Inc Date: April 8, 2015 Site Contacts: Bayshore Developments: Project Manager: Lazlo Joanovits - 416 949 8771 Budget Environmental Disposal Inc: Project Manager: William Bartels - 905 971 9004

"B(2)" Methodology 15 102268 IL - 285 Ontario St.

BUDGET
ENVIRONMENTAL DISPOSAL INC.

282 Ontario St, St Catharines
Demolition Site Plan



Legend			
Perimeter Fencing		Fire Route	
Construction Access/Gates			
#1 Main Gate #1 - East Access			
#2 Gate #2 Fire/Emergency Access Only			
#3 Gate #3 - West Access			
#4 Gate #4 - Fire/Emergency Access Only			
Budget's Main Site Office			
Bayshore's Main Office			
First Aid / Muster Point			
Equipment Laydown			
Material Storage			
Decon Unit - Authorized Entry Only			

Project Information
Project: Demolition of 282 Ontario St, St Catharines Contractor: Budget Environmental Disposal Inc Date: April 2, 2015 Site Contacts: Bayshore Developments: Project Manager: Lazlo Joanovits - 416 949 8771 Budget Environmental Disposal Inc: Project Manager: William Bartels - 905 971 9004

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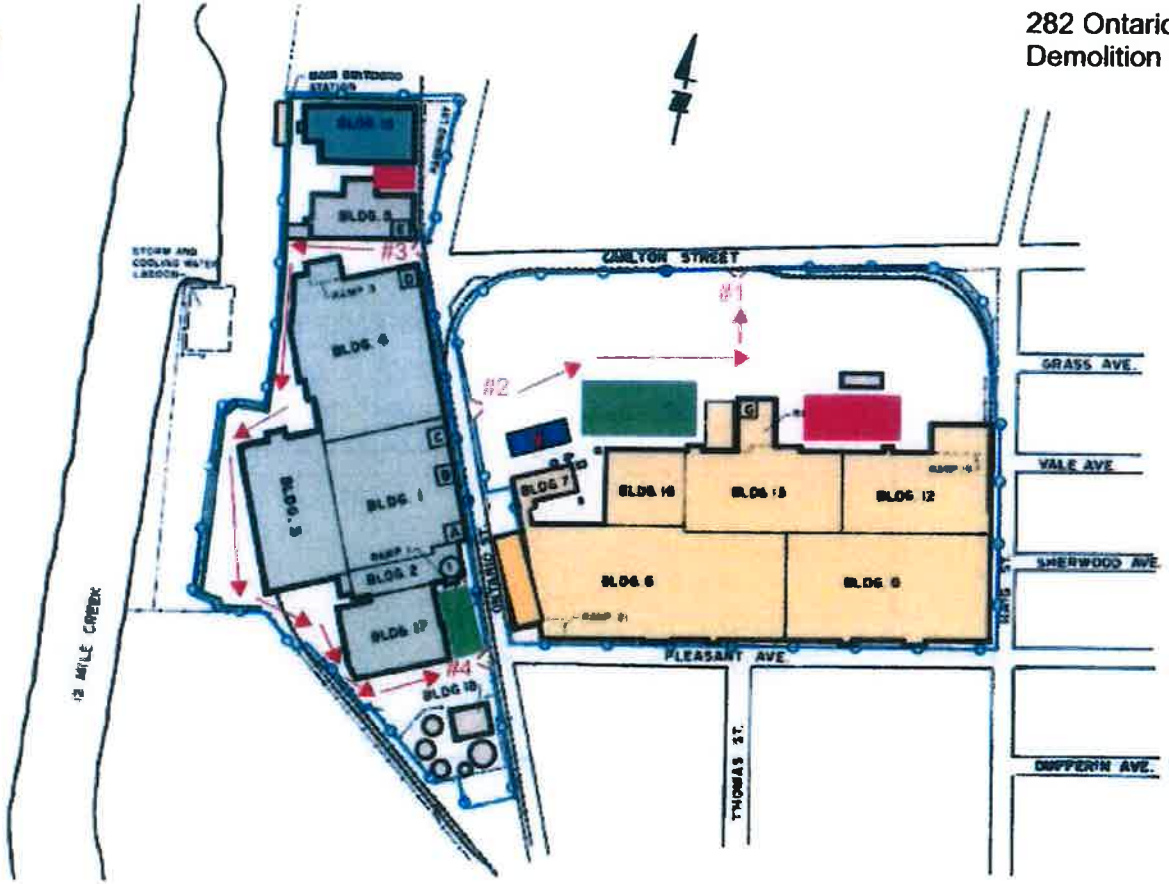
BUDGET
ENVIRONMENTAL DISPOSAL INC.

282 Ontario Street, St Catharines
Demolition Site Plan



Legend			Project Information
Perimeter Fencing		Fire Route	Project: Demolition of 282 Ontario St, St Catharines Contractor: Budget Environmental Disposal Inc Date: April 13, 2015 Site Contacts: Bayshore Developments: Project Manager: Lazlo Joanovits - 416 949 8771 Budget Environmental Disposal Inc: Project Manager: William Bartels - 905 971 9004
Construction Access/Gates		Silt & Sediment Fencing	
#1 Main Gate #1 - East Access			
#2 Gate #2 Fire/Emergency Access Only			
#3 Gate #3 - West Access			
#4 Gate #4 - Fire/Emergency Access Only			
Budget's Main Site Office			
Bayshore's Main Office			
First Aid / Muster Point			
Equipment Laydown & Fueling Point			
Material Storage			
Decon Unit - Authorized Entry Only			

N

hawley and associates inc. ha
integrated design and construction management

February 26, 2015

Budget Environmental Disposal Inc.
375 Gage Avenue, North
Hamilton, ON L8L 7B1

Attention: **Christina Murray**
Demolition Coordinator

Reference: **Demolition Engineering Report**
Former GM Ontario Street Plant, St Catharines, ON

Demolition Methodology:

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iii.

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i. This methodology will be used to complete the demolition of the majority of the buildings onsite. The sequencing of the demolition activities will be determined by the submitted schedule and will include all buildings slated for demolition.

ii. At the beginning of each day, the Budget Demolition Team shall review the fencing, guards, and scaffolding and all equipment and tools, including any equipment utilized in a fall arrest system required for demolition to ensure safety of all workers and the public. Replace any found to be deficient.

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x. Where unknown services are encountered, the owner will be notified immediately and the findings confirmed in writing.

xi. No explosives will be used in this demolition procedure

xii. No selling, burning or burying of materials will occur on site.

All work to be carried out in accordance with Budget's Health & Safety Manual and in accordance with:

a) CSA Standard S350-M 198, "Code of Practice for Safety in Demolition of Structures"

b) Occupational Health and Safety Act and Regulations for Construction Projects", O. Reg. 213/91

c) The Ontario Building Code and Fire Code, Part 8 - Demolition, Ontario Electrical Safety Code.

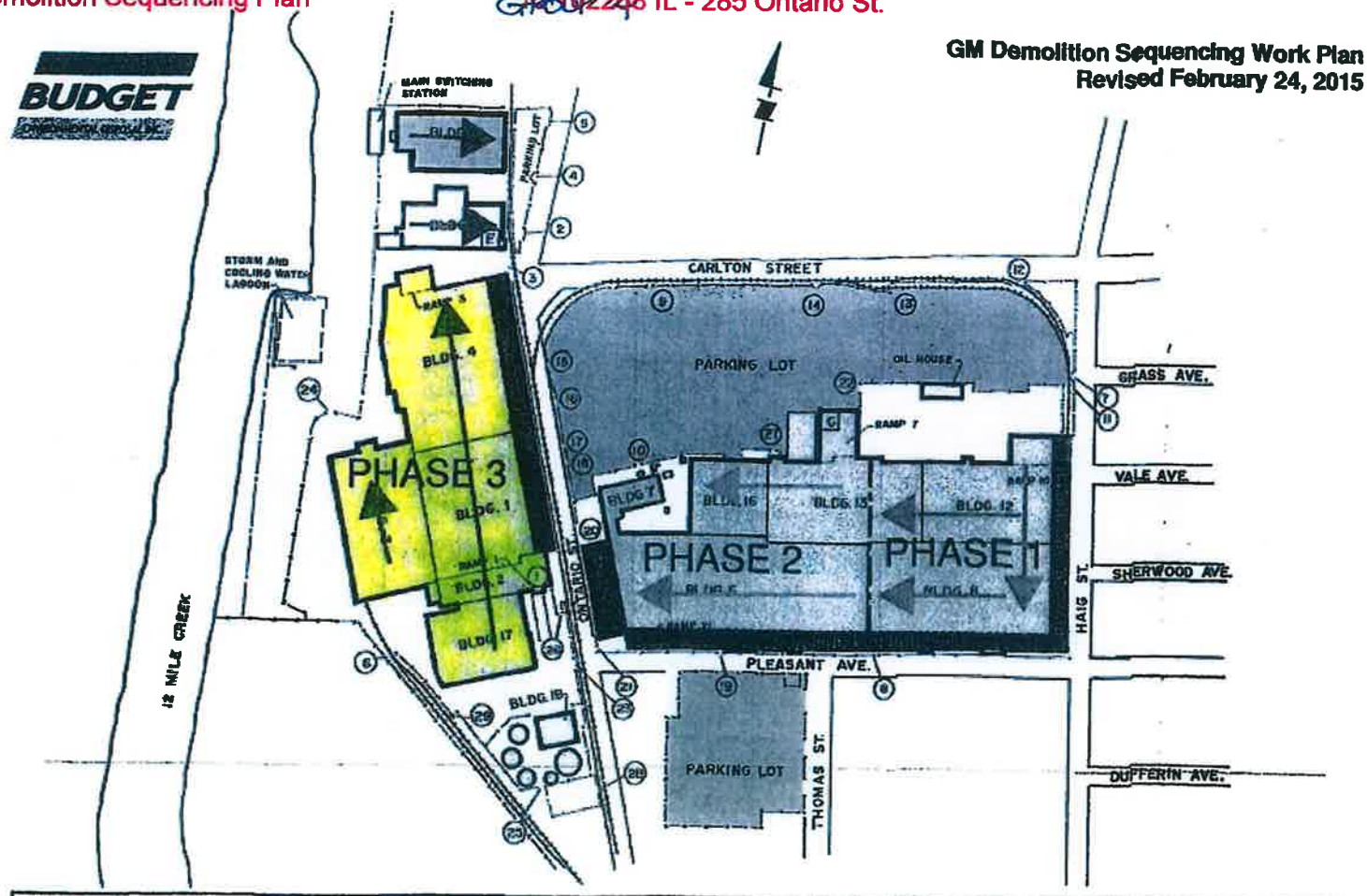
d) National Building Code, Part 8 – Safety Measures at Construction & Demolition Sites

e) Ontario Regulation 278/05 – Designated Substances and Asbestos on Worksites

Gordon A. Hawley, P. Eng



"B(2)" Demolition Sequencing Plan ~~15-102298~~ IL - 285 Ontario St.



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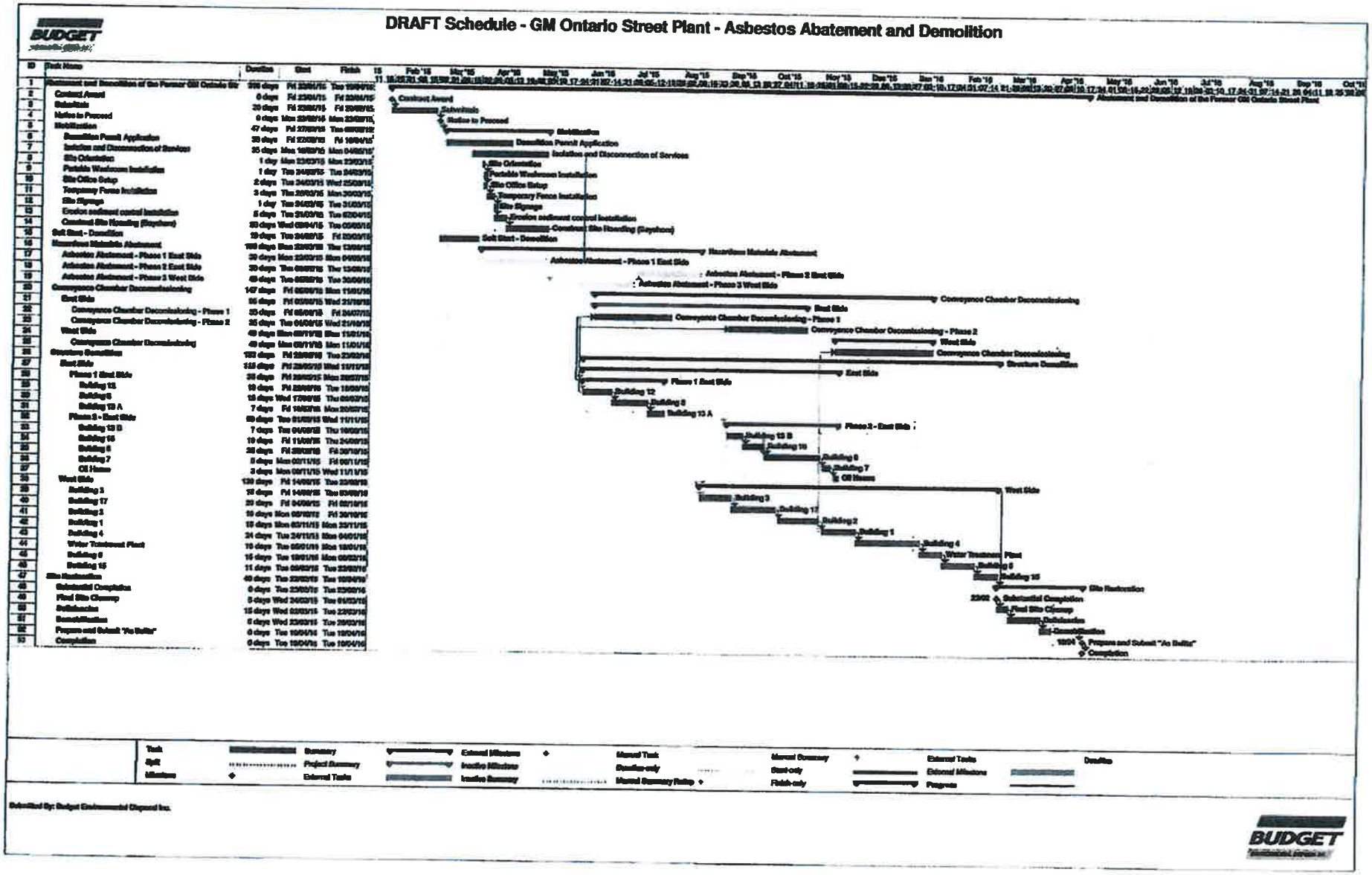
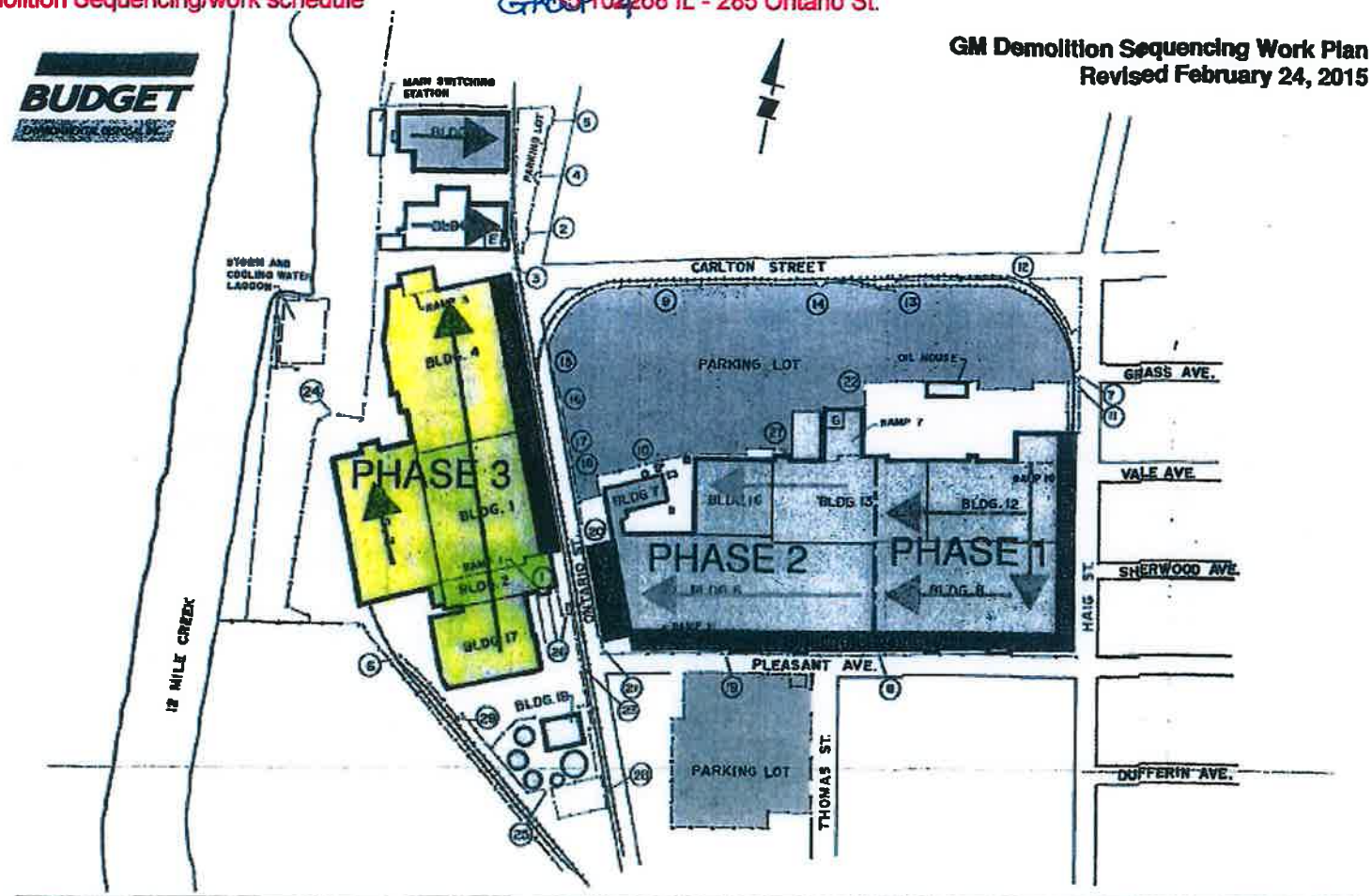
"B(2)" Demolition Sequencing Plan 15 102268 IL - 285 Ontario St.



"B(2)" Demolition Sequencing/work schedule GR15102268 IL - 285 Ontario St.

GM Demolition Sequencing Work Plan
Revised February 24, 2015



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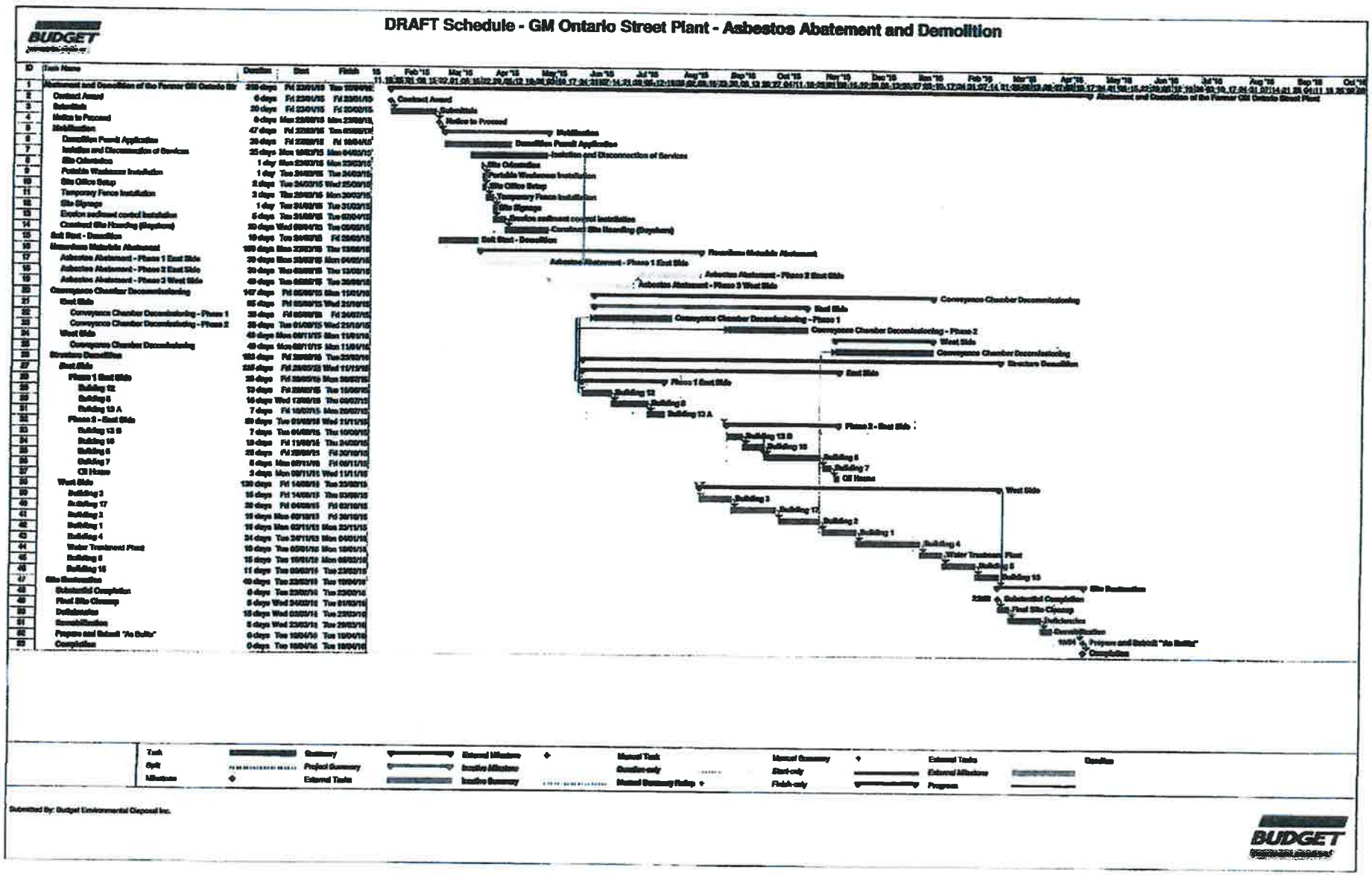
"B(2)" Demolition Sequencing/work schedule 15 102268 IL - 285 Ontario St.



BUDGET
ENVIRONMENTAL DISPOSAL INC.

SITE SPECIFIC HEALTH AND SAFETY PLAN

282-285 Ontario Street Demolition, St. Catharine's, Ontario

Budget Environmental Disposal Inc.
375 Gage Ave North, Hamilton, Ontario
L8L 7B1

Project Number: 94753
Project Start Date: April 20, 2015
Projected Job Finish Date: May 6, 2016
Plan prepared by: Renee Guay
Date Prepared: February 3, 2015
Date Revised: March 25, 2015

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Attachments:

1. Draft demolition site layout
2. Map to hospital

IN CASE OF AN EMERGENCY CALL 911

EMERGENCY CONTACTS

Emergency	Responder	Location	Phone
Fire	St. Catharine's	Fire Department	911
Police	St. Catharine's	Police Department	911
Ambulance	St. Catharine's	EMS	911
Hospital	St. Catharine's	1200 Fourth Avenue	905-378-4647

Directions to Hospital:
1. Start out going southeast on Ontario St toward Pleasant Ave.
2. Turn right onto 4th Avenue.
3. Make a left onto 1st Street Louth
4. The hospital is located at 1200 4TH AVE is on the right side.

**Detailed map attached at the end of this plan and posted on the office trailer bulletin board.

ADDITIONAL EMERGENCY PHONE CONTACTS

Budget's Contact	Title	Phone Number	Cell Number
Will Bartels	Operations Manager	905-312-9506	[redacted]
Bob Rolfe	Site Health and Safety Coordinator	905-312-9506	
Victor Narciso	Asbestos Abatement Supervisor	-	
Renee Guay	Health, Safety & Environmental Compliance Manager	905-312-9506	

NON-EMERGENCY CONTACTS

Budget Office Dispatch: 905-312-9506

INTRODUCTION:

The purpose of this HASP is to set forth, in an orderly and logical fashion, appropriate health and safety procedures to be followed during onsite asbestos abatement and demolition activities for the 282-285 Ontario Street Plant Demolition. This HASP identifies potential hazards which demolition and abatement personnel may be exposed to. Employees shall not participate in this task without having read this plan in its entirety. This plan has been developed to be as complete as possible, however, should conditions dictate revisions or additions to this plan, amendments shall be drafted, added, and distributed to all persons involved with this plan. This plan works in concert with the Budget Environmental Disposal Inc. Corporate "Health and Safety Plan", Ontario Occupational Health and Safety Act, and the Regulations made pursuant to the Act, National Fire Protection Association Codes, and any other applicable codes.

It shall be Budget's responsibility to ensure that all of its subcontractors comply with the provisions set forth in this plan.

STATEMENT OF COMPANY'S SAFETY GOALS AND OBJECTIVES:

Budget Environmental Disposal Inc. is committed to protecting the health and safety of all employees. Protection of employees from injury or occupational disease is of paramount importance. To accomplish this, all employees are required to work in a safe manner and are responsible for reporting unsafe or unhealthy conditions to their supervisors and/or worker/management representative of the Health and Safety Representative.

DESCRIPTION OF WORK:

The project will consist of hazardous material abatement and complete demolition of the existing facility including the East and West Plants with the exception of the following which is to remain:

1. Office building (building 11)
2. Tunnel under the Ontario Street between the East and West Plants.
3. Tilt plate structures.

The project entails known hazardous substances and/or hazardous conditions at the work site including:

- Asbestos containing materials (Type I, II, III)
- PCB Packaging and Disposal
- Mercury Packaging and Disposal
- Conveyance Chamber Decommissioning
- Working at heights
- Working with electrical equipment and devices - *a procedure will be implemented to communicate which electrical components will be live and which electrical components have been disengaged.*

Should any designated substance be encountered in the course of demolition that has not been identified, stop work, take preventative measures and notify Pinchin immediately. Do not proceed until written instructions have been received.

EMPLOYEE AWARENESS OF SAFETY:

Daily Safe Cards/Tool Box Talks will be completed, which includes a discussion of hazards that may arise daily. A Weekly Health and Safety meeting will be conducted to review the previous weeks activities and prepare for the coming work, encouraging all to be active and aware of what is going on onsite. All operators onsite will fill out daily machine logs. Employees will review the Hazard Assessment prior to commencing operations. The Hazard Assessment will be updated as required and communicated to employees.

If an employee onsite witnesses a hazard that is not documented on the Job Hazard Analysis, it is their responsibility to communicate this immediately to the Health and Safety Coordinator.

A hot work permit is required prior to commencement of any cutting, torching or any other flame or spark creating work.

SITE INSPECTIONS:

These will be conducted daily by the site Health and Safety Coordinator. Items that will be inspected include but not limited to identifying any additional hazards not documented and communicated on the Job Hazard Analysis, a review of previously identified hazards, effectiveness of the company's health and safety policy and procedures, clear access and egress routes, site security, personal protective equipment, housekeeping, adequate barricades, materials storage, hygiene facilities, etc.

The Health, Safety, Environmental Compliance Manager will also conduct inspections and monitor the implementation and effectiveness of Budget Environmental Disposal health and safety programs.

SITE RECORDS:

All site records will be maintained and filed accordingly by the site Health and Safety Coordinator and will be monitored by the Health, Safety, Environmental Compliance Manager.

FALL HAZARDS:

Any work that is carried out at heights greater then 3 meters or 10 feet a fall protection or travel restraint system will be used. All employees using a fall protection system or travel restraint will be trained and must have a record of training onsite.

A documented rescue plan will be created, communicated and available onsite.
All employees are required to document a daily harness/lanyard daily inspection.

SPILL RESPONSE MATERIALS:

Spill response materials will be placed within the vicinity of the work area to respond to any discharge of hazardous materials onsite. All spills will be responded to immediately and will be reported in accordance with O.Reg. 678/98.

For further information on spills refer to the Emergency Response Plan.

HEALTH AND SAFETY ROLES, RESPONSIBILITIES AND TRAINING

Below is a summary of the roles and responsibilities of on site personnel with duties specific to health and safety and their training requirements.

Position	Health and Safety Roles	Training Requirements
Budget Environmental Disposal Inc.	Act in accordance with S. 25 and 26 of the OHSA.	-
HSE Compliance Manager	Act in accordance with S. 27 and S. 28 of the OHSA. Supervise, monitor and sustain health and safety polices and procedures onsite.	-Transportation of Dangerous Goods Trainer - Type II Asbestos Abatement Trained - Qualified Fit Tester - Fall Protection
Site Supervisor/Health and Safety Coordinator	Act in accordance with S. 27 and S. 28 of the OHSA. Supervise, maintain and enforce health and safety polices and procedures onsite. Supervise laborers onsite during abatement activities and demolition.	-Transportation of Dangerous Goods Trained (Feb. 7, 14) - Type III Asbestos Abatement Trained (June 12, 2010) - Fit test (Apr. 30, 14) - Fall Protection (Apr. 17, 14) - Basics of Supervision Training (Sept. 2011)
Laborers	Act in accordance with S. 28 of the OHSA. Report all near misses and any new hazards onsite to the site supervisor immediately.	- Asbestos Abatement - Fit test - Fall Protection - Basic Health and Safety Awareness Training-Ministry of Labor

ACCIDENTS AND INCIDENTS:

ALL work is to be performed safely and without incident or injury. The importance of implementing ALL work activities in a safe manner with no injuries cannot be overemphasized.

All accidents and incidents that occur on the job site must be reported and recorded on the Injury Report Form and, if applicable, the Equipment Damage Loss or Theft Report form. These forms can be found in the job specific folder located within the office trailer.

It is also mandatory to report and record all near-misses that occur on site.

All environmental, health and safety complaints and near misses (i.e. fire, spill, etc) are to be documented on the EHS Incident Reporting Form.

All accidents and incidents will be investigated and reported in accordance with the Ontario Occupational Health and Safety Act and the Regulations made pursuant to the act.

CORRECTIVE ACTIONS:

A violation of our safety policy is documented on the Violation of Safety Policy and corrective actions are addressed in accordance with the Progressive Discipline Policy.

SITE COMPLIANCE:

All daily activities will directly and indirectly be monitored by Wil Bartels. Onsite Health & Safety will be monitored by Bob Rolfe and will be reported to Renee Guay, and Adrian Scholtens (JHSC Worker Representative).

Position & Responsibilities	Name
Project Manager	Wil Bartels
Site Supervisor	TBD
Health and Safety Coordinator	Bob Rolfe
HSE Compliance Manager	Renee Guay
Demolition Coordinator	Ashley Tamminga

POTENTIAL HAZARDS*:

x Chemicals or flammables	__Scaffolding	x Traffic Control
x Spills or Leaks	__Ladders	x Barricading
x Hazardous Energy (LO/TO)	x Demolition	x Cranes/Aerial
x Eye, face/Head Hazards (PPE)	x Power Tools	x Falls (Heights > 6')
x Respiratory Hazards	__Excavation	__Radiation
x Noise	__Biological	
__Sanitation	x Egress	x Road Blockage
x Utility Service Interruption (Area Clearance Req'd)		__ High Pressure Systems
x Hot Work (Permit Req'd)		__ Cryogenic Spills, Burns
__Confined Space Entry (Permit Req'd)		
X Special Hazards – Asbestos, Mercury		

x Other

- Several activities to take place at once in vicinity (i.e. equipment removal and abatement)
- Power mobile equipment, site traffic hazards, including reversing vehicles
- Potential limited visibility at times during demolition operations

EMERGENCY RESPONSE:
In accordance with the Fire Protection and Prevention Act, 1997, O. Reg. 213/07, Budget Environmental Disposal Inc. communicates and follows the items below:

Removal of Flammable and Combustible Items
At the onset of acquiring a demolition site, interior debris and hazardous materials (such as miscellaneous chemicals, furniture, light ballasts and tubes, asbestos etc.) will be removed prior to exterior demolition of the building or structure.

Access and Egress
1. Access and Egress must always be accessible, with no storage of items or debris blocking access. At least TWO EXITS shall be accessible at all times.
2. The property will have an air horn located at each exit of the building for notification of an emergency situation.
3. Orange spray paint is used to mark exit routes within the building. This is used either on the floor to mark emergency egress routes or this is used on the walls at eye level and floor level (in the event of smoke).

Fire Extinguishers and Hot Work Permits
1. Extinguishers must be checked prior to being available for emergency response, including examining the extinguisher for its monthly check and annual re-certification.
2. Any extinguishers that have been used, MUST be stored on their side laying flat in a designated location. In the event an extinguisher is used, the EHS Incident Report Form must be completed and submitted to the health and safety manager.
3. During periods in which demolition will create a fire hazard to neighbouring properties or partially occupy spaces, a fire watch will be provided for thirty minutes after the completion of the task. A completed hot work permit will be issued by the site supervisor.
4. Portable extinguishers shall be provided (not to exceed 15 meters) as applicable to the following tasks:
    a) Adjacent to welding and cutting operations
    b) In areas where combustibles are stored
    c) Near or on any internal combustion engines
    d) Adjacent to where flammable liquids or gases are stored or handled
    e) Adjacent to temporary oil-fired or gas-fired equipment or bitumen heating equipment

Communication
All employees will have a means of communication, either cell phone, or the use of 2-way radios.

Emergency Access Points
There are two emergency access points to the site, both entrances will be labeled with signage stating "Emergency Access Entrance".

Gate No. 3 off Ontario Street is the emergency response entrance for the west building.
Gate No. 2 off Ontario Street will be the emergency response entrance for the east building.

Emergency Access Point
The emergency assembly Point is located at the Budget Environmental Disposal Inc. site office trailer.

Emergency Evacuation and Emergency Response
In the event of an emergency call, the Site Supervisor will be responsible for the following duties:

1. Utilizing the air horns to notify employees to immediately proceed to the Muster Point for a head count.
2. Contacting 911 stating the Emergency Gate Number where the emergency responders should attend including the nature of the incident, location and who and how many were involved within the incident.
3. The Site Supervisor or designate will then contact the Budget Environmental Disposal Inc. employees listed on the 24 hour emergency contacts to describe the incident along with the constructor.
4. The site supervisor will get the head count number from the morning sign in sheet.
5. The MOE or MOL to be notified as required.
6. The incident is to be documented by the Site Supervisor or Health, Safety, Environmental Compliance Manager on the HSE Incident Form within 24 hours.

All employees are trained on the muster point in the event of an emergency prior to starting work onsite. All employees are also instructed to use the air horns as a means of emergency response communication.

An emergency evacuation will place to test the response time and sound of the air horn horns within the building during operations. Extinguishers have been placed each work area.

First Aid and Eye Wash
First aid kits and eye wash stations are located in the office trailer. It is the responsibility of the site supervisor to maintain these items.

APPENDIX A: Demolition

POTENTIAL HAZARD(S): Falling Materials, Moving Machinery, Trip Hazards, Access/Egress, Excavation hazards.

CONTROLS:

Daily safe cards/tool box talks will be performed, encouraging awareness of hazards that will arise daily. A Weekly Health and Safety meeting will be conducted to review the previous weeks activities, near misses, etc, and prepare for the coming work, encouraging all to be active and aware of what is going on onsite.

All Hot Work will require a Hot Work Permit to be issued by the site supervisor.

Access to and Egress from is monitored and maintained within the work area in the building - follow emergency response planning and procedures above onsite. In the event of a spill, procedures to be followed within the Emergency Response Plan.

COMPENTENT PERSONS:

The Competent Person is required to conduct daily, documented site inspections which will be documented within a log book.

Competent Person(s):

Will Bartels	Nathan Derkach
Kyle Bouma	Kurtis Dorr
Jeremy Later	Christian Sotelo
Brad Tamminga	Nathanial Rham
Mike Hobbins	Gord MacNamara

APPENDIX B: Asbestos Abatement (Type I, II, III)

POTENTIAL HAZARD(S): Designated Substance: Asbestos

CONTROLS:

All employees and supervisors working on the ACM abatement are trained accordingly in accordance with the Ontario Occupational Health and Safety Act (O. Reg. 213/91) and all regulations pursuant to the Act.

All Asbestos containing materials identified for removal are outlined within the following sections of the specification:

- Section 13281: Asbestos Abatement - Type I Procedures
- Section 13282: Asbestos Abatement - Type II Procedures
- Section 13283: Asbestos Abatement - Type III Procedures
- Section 13284: Asbestos Abatement - Glove Bag Procedures

Specific areas requiring asbestos removals are further identified in the Preliminary Hazardous Building Materials Assessment dated August 15, 14 by Pinchin Environmental.

Hazard Assessments which can be found in Appendix I identify the tasks and recommended procedures to maintain a safe working environment onsite.

The availability of wash water will be strictly monitored to ensure proper hygiene. The use of a three tiered decontamination unit will be utilized for employees working within type III asbestos abatement containments.

Competent Person(s):
Nathan Derkach
Christian Sotelo
Yovanny Munoz
Kyle Bouma

Subcontractor(s):

Envirocon Group, Victor Narciso - 289-383-1047

APPENDIX C: Mercury Removals

WORK ACTIVITY: Fluorescent lamps, mercury vapour lamps, metal halide lamps, high pressure sodium lamps, neon lamps throughout the facility. Mercury-containing thermostats, manometers, switches and boiler flow valves throughout the facility. Remove mercury-containing thermocouples where present in furnaces, ovens, etc. throughout the facility.

POTENTIAL HAZARD(S): Potential Exposure to Mercury

INSTUCTION AND TRAINING:
Instruction and training will be provided to all workers and supervisors. Instruction and training includes the following:

1. Hazards of Mercury
2. Use, care and disposal of protective equipment, clothing that is to be used and worn, including:
    a) Limitations of equipment
    b) Inspection and maintenance of equipment
    c) proper fitting of equipment
    d) Disinfecting and cleaning of equipment
3. Personnel hygiene to be observed when performing the task
4. Measures and Procedures described in Section 13285: Mercury Packaging and Disposal Fluorescent light bulbs/tubes and thermostats contain mercury sealed within the glass tubing. If properly cleaned up, broken bulbs/tubes should not pose a serious health risk.

PERSONAL PROTECTIVE EQUIPMENT (PPE):
The persons involved in cleaning up the broken tubes should wear disposable rubber or nitrile gloves, safety glasses and protective clothing. Refer to Personnel Protection and Execution in the Preliminary Hazardous Building Materials Assessment dated August 15, 14 by Pinchin Environmental.

WASTE DISPOSAL:
1. Wear personal protection at all times when disturbing lamps, equipment and items that contain mercury.
2. Do not drop mercury-containing materials.
3. Do not contaminate building surfaces with mercury.
4. Protect work area by installing polyethylene drop sheets or sealed polyethylene sheeting below, and at surrounding work area.
5. Isolate, at panel, and disconnect existing power supply to electrical equipment. Power supply to remaining areas of building must not be disrupted during work of this section.
    5.1 Lock-out/tag-out power at electrical panels.
    5.2 Mark/tag any items within or passing through the Work Area that are to remain live including but not limited to cable, conduit, wire, fixtures, equipment panels, etc. as required.

6. Package lamps in cardboard boxes designed for lamps of that size. Do not break lamps.
When full:
6.1 Seal liner bag with duct tape.
6.2 Seal drum with lid, gasket and compression ring.
6.3 Affix label.
6.4 Do not leave liner bags or drums open overnight.
6.7 As filled drums accumulate, transfer to temporary storage area.

Sanitation is extremely important. Proper hand washing is mandatory prior to smoking, breaks and lunches. The availability of wash water will be strictly monitored to ensure proper hygiene. Eating and smoking is prohibited in areas where removals are taking place.

SPILL CONTAINMENT:
Refer to the section of the Emergency Response Plan for Mercury.

COMPETENT PERSONS:

Kyle Bouma	Kevin Webb
Will Bartels	Nathan Derkach
Mike Hobbins	Kurtis Dorr
Christian Sotelo	Johnny Munoz
Jeremy Later	Brad Tamminga

APPENDIX D: PCB Removals

POTENTIAL HAZARD(S): Potential Exposure to PCB's

Work Activity:
1. Identify ballasts as either non-PCB or PCB containing.
2. Remove and package PCB-containing ballasts that have been identified.

Refer to PCB Packaging and Disposal: Section 13286 in the Preliminary Hazardous Building Materials Assessment dated August 15, 14 by Pinchin Environmental.

INSTUCTION AND TRAINING:
Instruction and training will be provided to all workers and supervisors. Instruction and training includes the following:

1. Hazards of PCBs.
2. Use, care and disposal of protective equipment (including but not limited to respirators and filters) and clothing that would be used and worn during work, including:
    1. Limitations of equipment.
    2. Inspection and maintenance of equipment.
    3. Proper fitting of equipment.
    4. Disinfecting and cleaning of equipment.
3. Personal hygiene to be observed when performing the work.
4. The measures and procedures prescribed by this section.

PERSONAL PROTECTIVE EQUIPMENT (PPE):
During work involving PCBs, personnel are to wear the following personal protective equipment:

1. Gloves
2. Aprons
3. Protective coveralls
4. Protective eyewear

CONTROLS:
1. Wear personal protection at all times when disturbing PCB Equipment, Liquids, Material and Waste.
2. Do not contaminate building surfaces with PCBs.
3. Install polyethylene sheeting to protect surfaces and finishes.
4. *Notify Owner's Representative of any PCB spills immediately.*
    1. Any spills of PCBs are to be cleaned to the satisfaction of the Owner's Representative at the contractors cost.
5. Place PCB waste including: ballasts, capacitors, and equipment on polyethylene sheeting immediately after removal.
6. Do not drop PCB Waste or Materials.
7. Avoid rough handling of PCB Equipment and Materials. Do not throw into drum.
8. Isolate, at panel, and disconnect existing power supply to electrical equipment. Power supply to remaining areas of building must not be disrupted during work of this section.

1. Lock-out/tag-out power at electrical panels.
2. Mark/tag any items within or passing through the Work Area that are to remain live including but not limited to cable, conduit, wire, fixtures, equipment panels, etc. as required.

9. Remove ballasts as specified.
    1. Pour 2" layer of vermiculite or absorbent in Containment Drum. Place polyethylene liner into Containment Drum. No further fill is required.
    2. Place ballasts in Containment Drum.
10. When full:
    1. Seal liner bag with duct tape.
    2. Seal drum with lid, gasket and compression ring.
    3. Affix specified and completed label.
    4. Do not leave liner bags or drums open overnight.
11. As filled drums accumulate, transfer to temporary storage area.
12. Temporary storage facility to be a fully enclosed block wall room within the building complete with appropriate warning signs.
13. Remove contaminated material, including gloves, aprons, rags, hoses, solvents, protective coveralls, polyethylene, etc. and package as per the above.

The availability of wash water will be strictly monitored to ensure proper hygiene.

Competent Person(s):

Kyle Bouma	Kevin Webb
Will Bartels	Nathan Derkach
Mike Hobbins	Kurtis Dorr
Christian Sotelo	Johnny Munoz
Jeremy Later	Brad Tamminga

APPENDIX E: Conveyance Chamber Decommissioning

HAZARD(S): Fall hazards, oily water, congested areas, potential confined space

SITE CONDITIONS:

1. There are various in-ground conveyance chambers and pits (including former fillings/coolant (quenching) system trenches, including 3 elevator pits (locations to be confirmed), which reach depths of up to 10 meters below ground surface) present throughout the Site buildings. The conveyance chambers and pits were formerly used for housing equipment and conveyance of coolants for the previous automotive manufacturing operations.
2. For the purposes of this document, the conveyance chambers and pits are assumed not to be considered as confined spaces as defined in the applicable Ontario acts and regulations. A confined space assessment is required to be completed in order to verify this assumption.
3. Refer to attached Site Plans entitled, "East Cooling System Monitoring Route" and "West Coolant System Monitoring Route" for the approximate locations of the conveyance chambers and pits at the Site.
4. It is assumed that the total volume of void space that is required to be in-filled within the various conveyance pits and chambers is 10,000 cubic metres.
5. It is assumed that the various conveyance pits and chambers have a total surface area of 4,000 square metres.

WORK ACTIVITY:

1. Coordinate the following items with the owner, including but not limited to:
    a) Electrical isolations,
    b) GFI connection,
    c) Water connections,
    d) HVAC isolation,
    e) Hoarding walls,
    d) Bin placement,
    e) Hours of work,
    f) Schedule.

2. Retain the services of a qualified occupational health and safety consultant to conduct a confined space assessment of the conveyance chambers and pits to determine whether these areas are considered a confined space under the Ontario Occupational Health and Safety Act and Regulations, and confirm the industrial hygiene practices applicable to the work such as use of an air monitor, respirators to filter particulate matter and a fresh air supply can be used as a safety precaution and for worker comfort.
3. Retain the services of a Professional Engineers of Ontario (PEO) licensed structural engineer to prepare detailed structural plans and specifications for the conveyance chamber and pit decommissioning program. This is to include the required concrete

strength that is to be used for in-filling the conveyance chambers, pits and associated underground drains and corridors.

4. Prepare a report detailing the locations, estimated surface area and estimated volume of the various conveyance chambers and pits on an individual and total basis, including all associated underground drains and corridors. The report should also include the quantities of fill materials, the estimated quantities of liquids to be used and effluent generated, from the cleaning of the concrete surfaces. The report shall be based on the surveys, plans and recommendations of the structural engineer. Designs should consider the current and anticipated future load requirements.
5. Conduct pressure washing of the walls and floors of the conveyance chambers and pits in order to remove any residual oil film present. The pressure washing will employ the use of hot water and a phosphate-free detergent. All recovered effluent is to be collected and disposed of under a waste manifest to an off-site licensed receiver. The liquid waste is assumed to be classified as Industrial liquid waste. Registration of the site on the Ontario Ministry of the Environment and Climate Change (MOECC) hazardous waste information network (HWIN) is to be completed in order to facilitate the waste disposal. All documentation from the liquid waste disposal activities are to be provided on a weekly basis.
6. Supply and place onsite demolition masonry materials, to in-fill all void spaces present within the conveyance pits, chambers and associated underground drains and tunnels, with. Slump is to be verified on-Site. Actual quantities and specifications for concrete are to be based on the plans, reports and recommendations detailed in Sections 1.3.2 through 1.3.4.

INSTUCTION AND TRAINING:

Instruction and training will be provided to all workers and supervisors. Instruction and training includes the following:

1. Hazards of oily water.
2. Hazards of working at heights.
3. Use, care and disposal of protective equipment (including but not limited to respirators and filters) and clothing that would be used and worn during work, including:
    1. Limitations of equipment.
    2. Inspection and maintenance of equipment.
    3. Proper fitting of equipment.
    4. Disinfecting and cleaning of equipment.
4. Personal hygiene to be observed when performing the work.
5. The measures and procedures prescribed by this section.

CONVEYANCE CHAMBER AND PIT DECOMMISSIONING:

1. Wear personal protection at all times when handling, transferring or removal of oily water generated from the cleaning of conveyance chamber and pits.
2. Do not contaminate building surfaces with oily water.
3. Install polyethylene sheeting to protect surfaces and finishes.

4. *Notify Owner's Representative of any liquid spills immediately.*
5. Place subject waste including: spent PPE or other equipment on polyethylene sheeting immediately after removal.
6. Remove contaminated material, including gloves, aprons, rags, hoses, solvents, protective coveralls, polyethylene, etc. and package as per the above.

APPENDIX F: Silica

HAZARD(S): Potential Silicosis

Silica Management

During the site investigation materials such as plaster, tiles, concrete building materials, and brick and mortar were observed throughout the buildings. Free crystalline silica is present in these materials.

Appropriate work practices including adequate ventilation and respiratory protection will be utilized during the demolition the structure as required as per "Designated Substances – Silica" *O.Reg 845/90* amended by *O.Reg 490/09*.

The OHS Branch of the Ontario MOL has published the document entitled "*Guideline: Silica on Construction Projects*". This document classifies the disturbance of materials containing silica as Type 1, Type 2 or Type 3 work, and assigns different levels of respiratory protection and work procedures for each classification. These procedures will be followed when performing work involving the disturbance of silica-containing materials.

APPENDIX G: SITE SAFETY RULES

All safety rules below must be abided by Budget Environmental Disposal Inc. and its contractors:

1. Consuming or being in possession of illegal drugs or alcohol on site is strictly prohibited. Violation of this rule may result in disciplinary action including dismissal;
2. No smoking is permitted on the site.
3. The use of cellular phones , while in a handheld position or other handheld communication devices is not permitted while operating mobile equipment (including personal vehicles) or while refueling;
4. All employees are required to wear the appropriate level of personal protective equipment.
5. Field personnel are not to enter confined spaces; such as, tanks or manholes, air ducts, etc., unless confined space entry procedures have been developed and implemented according to Regulatory requirements;
6. Each employee is required to be aware of training and certification requirements for job tasks they may carry out and possess current certifications where require;
7. No employee will work at heights without ensuring that adequate fall protection provisions are in-place as per applicable regulations;
8. Site personnel are to notify their respective supervisor or health and safety personnel of any unsafe acts or conditions;
9. Fighting, horseplay or interference with other workers is prohibited including violence and harassment;
10. Theft, vandalism, abuse or misuse of property is prohibited;
11. Site personnel are to report all injuries to their supervisor or health and safety personnel. First aid treatment shall be obtained immediately for any injury;
12. Only tools that are in good repair and meeting industry standards with all guards and safety devices, shall be used;
13. All work crews shall be equipped with two way radios or cellular phones.

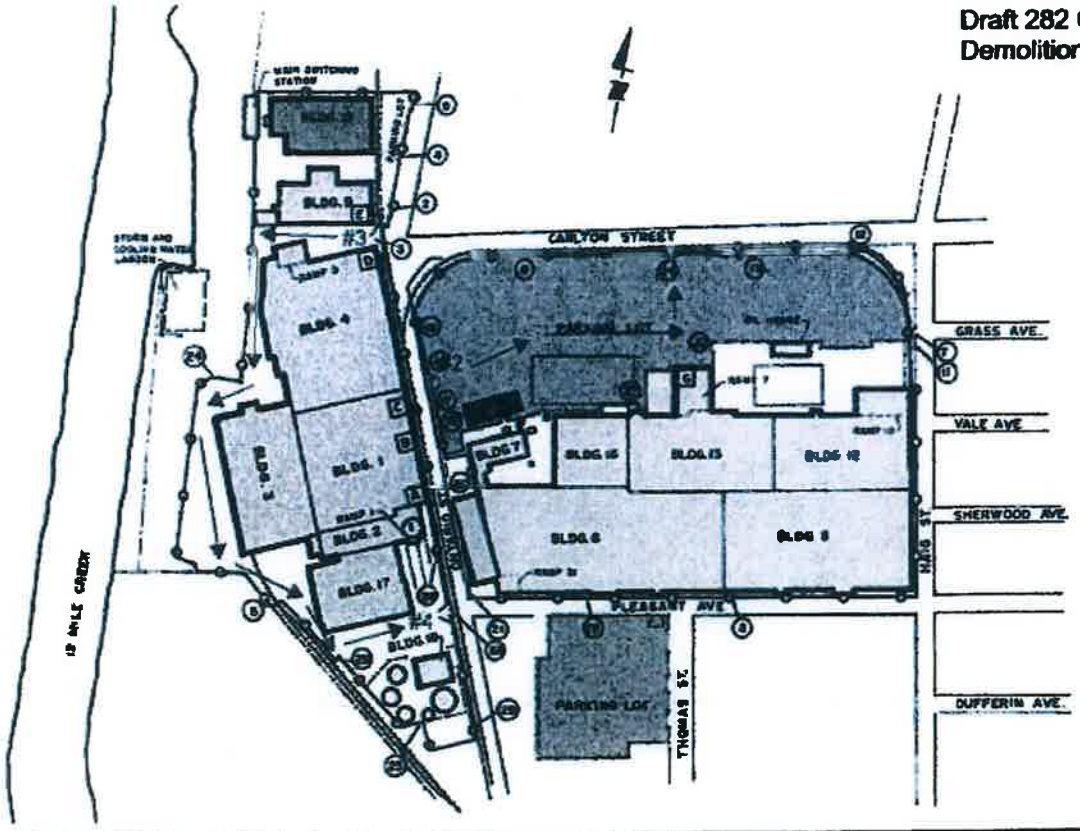
APPENDIX H: SAFETY PLAN ACKNOWLEDGMENT

I hereby acknowledge that I have read and understand the attached safety and health plan and I agree to perform work on this task in accordance with this plan, safe work practices and OSHA regulations. I further acknowledge that I have received a Budget Environmental Disposal Inc. safety orientation by the Site Superintendent/Health and Safety Officer.

Employee:	Company:	Date:

BUDGET

Draft 282 Ontario Street Demolition Site Plan



Legend			
—o—	Perimeter Fencing	→	Fire Route
\ /	Construction Access/Gates		
#1	Main Gate #1 - East Access		
#2	Gate #2 Fire/Emergency Access Only		
#3	Gate #3 - West Access		
#4	Gate #4 - Fire/Emergency Access Only		
▬	Budget's Main Site Office		
▭	Bayshore's Main Office		
+	First Aid / Muster Point		
▭	Equipment Laydown		
▭	Material Storage		
▭	Decon Unit - Authorized Entry Only		

Project Information

Project: Former Ontario St GM Plant, St Catharines
Contractor: Budget Environmental Disposal Inc
Date: April 2, 2015
Site Contacts:
Bayshore Developments:
Project Manager: Lazlo Joanovits - 416 949 8771
Budget Environmental Disposal Inc:
Project Manager: William Bartels - 905 971 9004

N

Notes

mapquest

Trip to:
1200 4th Ave
St. Catharines, ON L2R
4.18 kilometres / 3 minutes

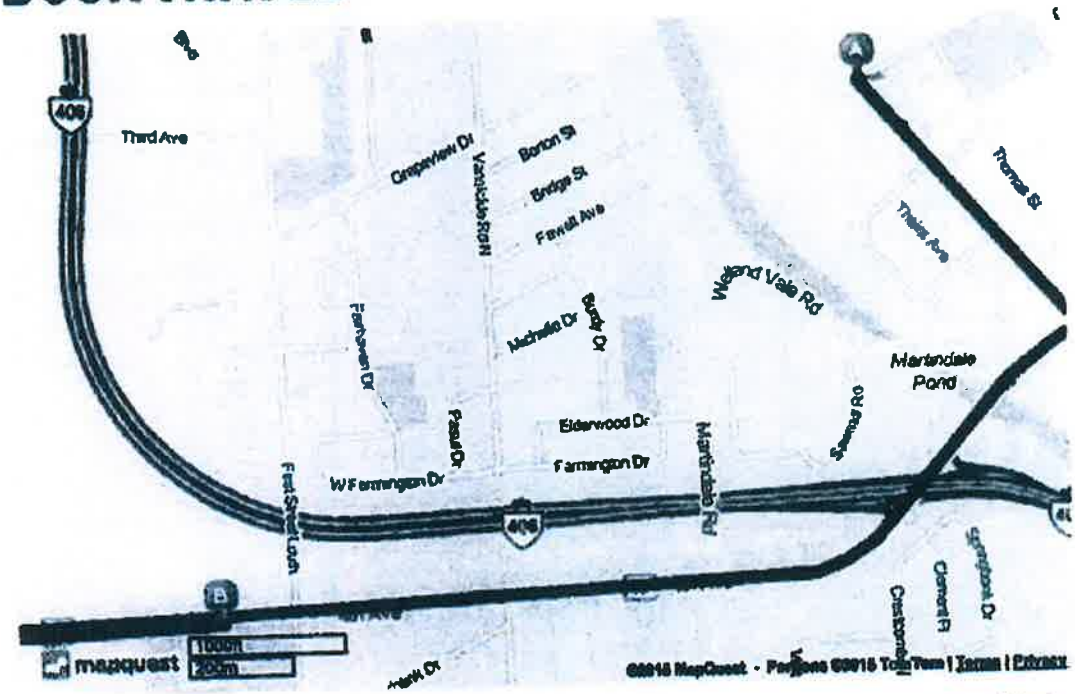
285 Ontario St, St Catharines, ON L2R 7J2

1.	**Start out going southeast on Ontario St toward Pleasant Ave.** Map	**0.7 Km** *0.7 Km Total*
2.	**Turn right onto Welland Vale Rd / Regional Rd-77. Continue to follow Regional Rd-77.** Map *Regional Rd-77 is 0.1 kilometers past Adie Pl* *If you reach Midland St you've gone about 0.3 kilometers too far*	**2.8 Km** *3.5 Km Total*
3.	**Make a u-turn at Third Louth St onto 4th Ave / Regional Rd-77.** Map *If you reach Fifth Street Louth you've gone about 0.6 kilometers too far*	**0.7 Km** *4.2 Km Total*
4.	**1200 4TH AVE is on the right.** Map *If you reach First Street Louth you've gone a little too far*	

1200 4th Ave, St. Catharines, ON L2R

Total Travel Estimate: 4.18 kilometres - about 3 minutes

BOOK TRAVEL with mapquest (877) 577-5766



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B(2)" Site Specific Health & Safety Plan 15 102268 IL - 285 Ontario St.

APPENDIX H: HAZARD ASSESSMENT
Former G.M. Ontario Street Plant

Category: **Interior Demolition**
Location: **As per section's 13281, 13282, 13283, 13284**
Task Description: **Job Setup and Asbestos Removals**

Sequence of Job Tasks	Identified Hazards	Procedures and Controls
Construction of enclosure and pre-job set up	1. Climbing hazards and set up of ladders or scaffolding 2. Possible cut hazards with the use of exacto knifes to cut poly 3. Overexertion hazards 4. Access and egress hazards	1. Ensuring ladders are tied down. Employees are not to step on the last three rungs. 2. Supervisor to discuss with the contractor the importance of cutting away from yourself when cutting poly, not using dull knives. 3. Do not overexert and stretch beyond capabilities, move the ladder in a position in which it is appropriate for the task. 4. Access and egress to be maintained at all times. Supervisor to spray paint exit routes on the walls and floors as necessary. This will be done at eye level and floor level.
Use of equipment and tools to remove the asbestos.	1. Possible cut hazards with the use of exacto knifes to cut poly. Equipment and tools to remove the asbestos. 2. Possible shoulder strain with overhead work such as removal of pipe wrap, etc. 3. Use of pumper sprayers to wet the asbestos materials 4. Use of full face respirators within enclosure may fog. 5. Potential fall hazards while removing ACM on high reach areas (i.e. such as boilers) with the use of aerial lift.	1. Supervisor to discuss with contractor: being aware of other workers in the vicinity. The use of tools are to be used as per manufactures specifications. 2. Rotate workers as needed for overhead work. 3. Communication on awareness of wet work areas. These areas are to be maintained and kept clear of debris for access and egress. 4. Use of anti-fog wipes to ensure that vision is not a hazard within the work area. 5. Work that is carried out at heights greater then 3 meters or 10 feet a fall protection or travel restraint system will be used. All employees using a fall protection system or travel restraint will be trained. A documented rescue procedure will be created, communicated and available onsite.
Package and dispose of materials in compliance with regulatory standards	1. Carrying material out of the work site, weights of up to approximately 40 plus pounds.	1. Ensure that access and egress areas are clear - always. Supervisor to communicate to employee's proper lifting techniques. All waste double bagged and placed into a labelled container as per the regulations.

Safety Equipment Required To Do The Job:

- ☐ Hard Hats
- ☐ Safety Glasses
- ☐ Steel Toe Boots
- ☐ Rubber Gloves
- ☐ Safety Vests
- ☐ Fall Arrest
- ☐ Fire Extinguisher
- ☐ Spill Kit
- ☐ Caution Tape or Barricades
- ☐ Hot Work Permit
- ☐ Lock Out Tag Out
- ☐ Confined Space Permit
- ☐ Other: _____

Sign Off's:

Supervisor: _____
Employee: _____
Employee: _____
Employee: _____

B(2)" Site Specific Health & Safety Plan 15 102268 IL - 285 Ontario St.

APPENDIX H: HAZARD ASSESSMENT
Former G.M. Ontario Street Plant

Category: **Interior Demolition**
Location: **Throughout Buildings**
Task Description: **Wire Removals and Use of Cut Off Saw**

Sequence of Job Tasks	Identified Hazards	Procedures and Controls
Remove all piping, conduit, wiring and mechanical components.	1. Fall hazards to reach the wires 2. Use of wire cutters 3. Use of cut off saws to cut wire to size. 4. Access and egress	1. Workers to take brakes as needed and rotate tasks if possible. Do not overexert or stretch beyond your capabilities, move the ladder/scaffold in a position which is appropriate for the task. 2. Ensure that the correct size of the tool is used for the task. For example, a tool with a longer handle may not be functional to use in the circumstance of cutting overhead where the force required would be increased and the likelihood of a head injury increases as the tool may be too large for the workspace area. 3. Cut off saws must be used in accordance with the manufactures specification. A manual can be found within the work site trailer. 4. Access and egress will need to be maintained as wires are removed, the piles will need to be removed consistently to ensure adequate access and egress routes.

Safety Equipment Required To Do The Job:

- ☐ Hard Hats
- ☒ Safety Glasses
- ☐ Steel Toe Boots
- ☐ Rubber Gloves
- ☐ Safety Vests
- ☐ Fall Arrest
- ☐ Fire Extinguisher
- ☐ Spill Kit
- ☐ Caution Tape or Barricades
- ☐ Hot Work Permit
- ☐ Lock Out Tag Out
- ☐ Confined Space Permit
- ☐ Other: _____

Sign Off's:

Supervisor: _____
Employee: _____
Employee: _____
Employee: _____

B(2)" Site Specific Health & Safety Plan 15 102268 IL - 285 Ontario St.

APPENDIX H: HAZARD ASSESSMENT
Former G.M. Ontario Street Plant

Category: **Interior Demolition**
Location: **As per section 13285**
Task Description: **Mercury Light Tubes and Thermostat Removals**

Sequence of Job Steps	Identified Hazards	Procedures
Use of equipment and tools to remove the mercury: fluorescent lamps, mercury vapour, metal halide, high pressure sodium, thermostats, manometers, switches and boiler flow valves.	1. Possible hazards with the removal of lights overhead 2. Possible shoulder strain with overhead work 3. Removal of thermostats - possible breakage may occur	All workers will be given an orientation on exposures, routes and the hazards of mercury. 1. Supervisor to discuss with contractor: being aware of other workers in the vicinity, including above or below work area. Also, to be cautious of not letting the light tubes break. 2. Rotate work in between workers as needed. 3. In the event thermostats are broken, follow the procedures in the site specific health and safety plan.
Package and dispose of materials in compliance with regulatory standards	1. Carrying material out of the work site, weights of up to approximately 40 pounds.	1. Ensure that access and egress areas are clear. Supervisor to communicate to employee's proper lifting techniques.

Safety Equipment Required To Do The Job:

- ☐ Hard Hats
- ☐ Safety Glasses
- ☐ Steel Toe Boots
- ☐ Rubber Gloves
- ☐ Safety Vests
- ☐ Fall Arrest
- ☐ Fire Extinguisher
- ☐ Spill Kit
- ☐ Caution Tape or Barricades
- ☐ Hot Work Permit
- ☐ Lock Out Tag Out
- ☐ Confined Space Permit
- ☐ Other:_____

Sign Off's:

Supervisor: _____
Employee: _____
Employee: _____
Employee: _____

B(2)" Site Specific Health & Safety Plan 15 102268 IL - 285 Ontario St.

APPENDIX H: HAZARD ASSESSMENT
Former G.M. Ontario Street Plant

Category: **Interior Demolition**
Location: **As per section 13286**
Task Description: **PCB Packaging and Disposal**

Sequence of Job Steps	Identified Hazards	Procedures
Use of equipment and tools to remove the PCB ballasts	1. Possible hazards with the removal of ballasts overhead 2. Possible shoulder strain with overhead work 3. Once the PCB ballasts are removed and available for sorting, possibly of leaking ballasts	1. Supervisor to discuss with contractor: being aware of other workers in the vicinity, including above or below. PPE to include: hard hat, safety glasses, use of non permeable gloves when removing. 2. Rotate work in between workers as needed. 3. Use the Identification of Fluorescent Lamp Ballasts Containing PCB's, Environment Canada's Document, August 1991. Use of non permeable gloves, protective coveralls and eyewear when sorting.
Package and dispose of materials in compliance with regulatory standards	1. Carrying material out of the work site, weights of up to approximately 40 pounds.	1. Ensure that access and egress areas are clear. Supervisor to communicate to employee proper lifting techniques.

Safety Equipment Required To Do The Job:

- ☐ Hard Hats
- ☐ Safety Glasses
- ☐ Steel Toe Boots
- ☐ Rubber Gloves
- ☐ Safety Vests
- ☐ Fall Arrest
- ☐ Fire Extinguisher
- ☐ Spill Kit
- ☐ Caution Tape or Barricades
- ☐ Hot Work Permit
- ☐ Lock Out Tag Out
- ☐ Confined Space Permit
- ☐ Other: _____

Sign Off's:

Supervisor: _____
Employee: _____
Employee: _____
Employee: _____

B(2)" Site Specific Health & Safety Plan 15 102268 IL - 285 Ontario St.

APPENDIX H: HAZARD ASSESSMENT
Former G.M. Ontario Street Plant

Category: **Interior Demolition**
Location: **As per section 13287**
Task Description: **Conveyance Chamber Decommissioning**

Sequence of Job Steps	Identified Hazards	Procedures
Pressure washing of the walls and floors of the conveyance chambers	1. Potential slip, trip and fall hazards 2. Waste oily water spills	1. Ensure work areas are clear and access and egress routes are maintained. Training to commence on hazards of oily water, contents of spill kit, hazards of working at heights and required PPE for this task. Areas to be worked on must be adequately segregated with appropriate caution signage. Any areas in which their is excess water must be cleaned as soon as practicable. 2. Spill kits to be located within work areas at all time.
Place approved materials to in-fill all void spaces present within the conveyance pits, chambers, drains and tunnels.	1. Potential slip, trip and fall hazards	1. Ensure work areas are clear and access and egress routes are maintained. Areas to be worked on must be adequately segregated with appropriate caution signage.

Safety Equipment Required To Do The Job:

- ☐ Hard Hats
- ☐ Safety Glasses
- ☐ Steel Toe Boots
- ☐ Rubber Gloves
- ☐ Safety Vests
- ☐ Fall Arrest
- ☐ Fire Extinguisher
- ☐ Spill Kit
- ☐ Caution Tape or Barricades
- ☐ Hot Work Permit
- ☐ Lock Out Tag Out
- ☐ Confined Space Permit
- ☐ Other:_____

Sign Off's:

Supervisor: _____
Employee: _____
Employee: _____
Employee: _____

B(2)" Site Specific Health & Safety Plan 15 102268 IL - 285 Ontario St.

APPENDIX H: HAZARD ASSESSMENT
Former G.M. Ontario Street Plant

Category: **Exterior Demolition**
Location: Buildings as per Specification
Task Description: Demolition of the Buildings

Sequence of Job Steps	Identified Hazards	Procedures
Demolition	1. Dust control and silica hazards 2. Traffic control 3. Hazards may change daily in accordance with operations	1. Dust control plan to be initiated by applying dust suppression as necessary to ensure adequate suppression. Employees to wear a half face respirator with P100 filters. 2. A traffic control plan will be implemented by trained employees to ensure a flow through of traffic in around the former G.M. Ontario street plant and buildings. 3. A daily site safety and hazard inspection along with the site safety meeting with employees will take place to ensure consistent and clear communication of the onsite hazards.

Safety Equipment Required To Do The Job:

- ☐ Hard Hats
- ☐ Safety Glasses
- ☐ Steel Toe Boots
- ☐ Rubber Gloves
- ☐ Safety Vests
- ☐ Fall Arrest
- ☐ Fire Extinguisher
- ☐ Spill Kit
- ☐ Caution Tape or Barricades
- ☐ Hot Work Permit
- ☐ Lock Out Tag Out
- ☐ Confined Space Permit
- ☐ Other: _____

Sign Off's:

Supervisor: _____
Employee: _____
Employee: _____
Employee: _____

"C" NPCA Records 15 102268 IL - 285 Ontario Street

NIAGARA PENINSULA CONSERVATION AUTHORITY
250 Thorold Road West, 3rd Floor, Welland, Ontario L3C 3W2
Telephone 905.788.3135 | Facsimile 905.788.1121 | www.npca.ca

April 14, 2015

NPCA File No. REG 07.15.40

Ashley Tamminga
c/o Budget Environmental Disposal Inc.
375 Gage Ave North
Hamilton, ON L8L 7B1

SUBJECT: N.P.C.A. PERMIT NO. 3574 FOR THE PURPOSE OF STRUCTURE DEMOLITION AT THE FORMER GENERAL MOTORS AXLE PLANT, 285 ONTARIO STREET, IN THE CITY OF ST. CATHARINES.

Attached is a Niagara Peninsula Conservation Authority Permit and associated Conditions regarding the approval of the above-noted works, pursuant to the Conservation Authorities Act and Ontario Regulation 155/06, known as the NPCA's Regulation of Development, Interference with Wetlands, and Alterations to Shorelines and Wetlands.

All works must be completed in accordance with the approved Permit, the attached Schedule 'A', and attached report titled "Former GM Ontario Street Plant Demolition-Methodology" by Budget Environmental Disposal Inc., displaying the NPCA stamp (which forms part of the permit) within the time period specified therein.

The issuance of this permit does not release you from compliance with any other applicable federal, provincial or municipal statutes, regulations or by-laws.

Should you have any questions regarding this permit please contact Suzanne McInnes, MCIP, RPP Manager, Plan Review and Regulations, at (905) 788-3135 extension 235.

Yours truly,

Carmen D'Angelo, BSc, MPA
C.A.O./Secretary-Treasurer
Niagara Peninsula Conservation Authority

N.P.C.A. PERMIT

PERMIT NO. 3574

This permit is issued under the authority of the **Conservation Authorities Act**, and is subject to the provisions of the **Regulation of Development, Interference with Wetlands, and Alterations to Shorelines and Wetlands** (Ontario Regulation 155/06), and is subject to the specific terms and conditions contained herein.

Note: The issuance of this permit does not relieve the applicant from the responsibility of acquiring any other agency, board, government, etc., approval as may be required nor does it relieve the permittee from the requirements of any legislation.

The Permit is issued to:

Name of Permittee	Ashley Tamminga, c/o Budget Environmental Disposal Inc.
Post Office Address	375 Gage Ave North, Hamilton, ON L8L 7B1 Tel. 289-639-9540

Effective from the 15th day of April 2015, to and including the 15th day of April 2017,

At the following location: former General Motors Axle Plant, 282 Ontario Street, St. Catharines

As per your application dated: March 25, 2015

For the purpose of structure demolition at the former General Motors Axle Plant, 285 Ontario Street, in the City of St. Catharines.

All works must be completed in accordance with the approved Permit, the attached Schedule 'A', and attached report titled "Former GM Ontario Street Plant Demolition-Methodology" by Budget Environmental Disposal Inc., displaying the NPCA stamp (which forms part of the permit) within the time period specified therein.

Permit Approved By:

Place of Issue	Welland	Date	APRIL 16, 2015.
C.A.O.			

PERMIT 3574 SCHEDULE 'A'

This Permit No. 3574 is issued subject to compliance with the following conditions:

1. The permittee covenants to indemnify and forever save and keep harmless the Niagara Peninsula Conservation Authority, its officers, servants and agents from and against any and all claims, demands, suits, actions, damages, loss, cost or expenses arising out of any injury to persons, including death, or loss or damage to property of others which may be or be alleged to be caused by or suffered as a result of or in any manner associated with the exercise of any right or privilege granted to the permittee by this Permit.

2. Work carried out in contravention of this permit and/or violation of any of the conditions contained herein constitutes an offence under the Conservation Authorities Act. Pursuant to the Act: **"Every person who contravenes a regulation made under subsection (1) is guilty of an offence and on conviction is liable to a fine of not more than $10,000 or to a term of imprisonment of not more than two months."**

3. **The Permittee shall keep this permit or a true copy thereof on the work permit area.**

4. The person in charge of the operation conducted under this permit shall produce and show this permit or the true copy kept on the work area to any Conservation Authority officer whenever requested by the officer.

5. The extent of the demolition should be clearly identified on site (preferably using visible construction fence) prior to any site alteration, and no equipment, machinery or materials shall extend beyond the project area .

6. Adequate construction sediment controls (i.e. silt fencing) shall be installed along the limit of work prior to construction and shall be maintained in good condition until all disturbed areas have been stabilized. At no time shall muddy water be allowed to discharge towards the valley;

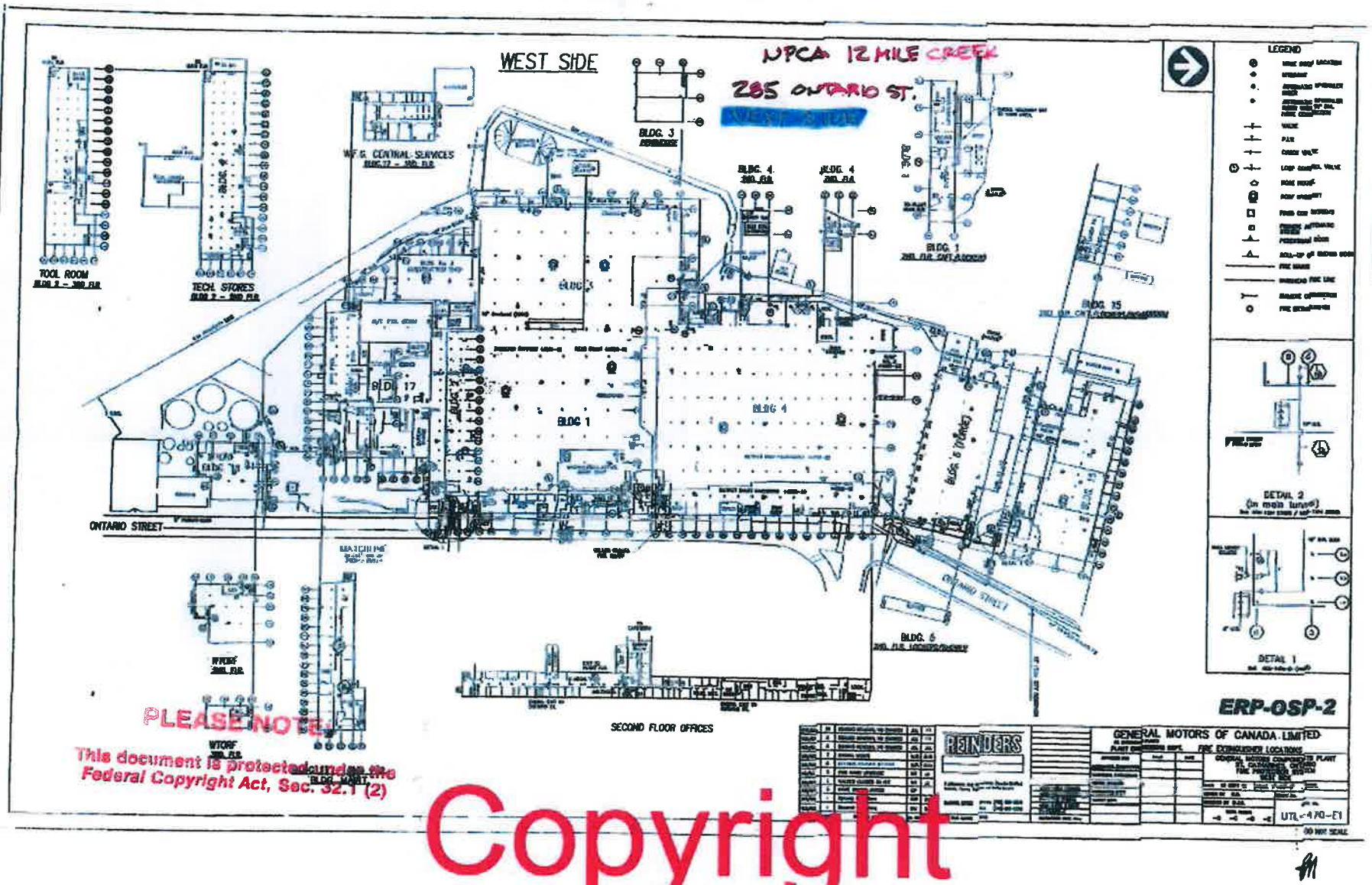
7. All fill material, whether originating from this project or another site must not be placed or temporarily stored within the limit of regulated features and their buffers;

8. Any stockpiled materials should be stored and stabilized away from the slope in such a way that it will not enter the valley;

9. All materials and equipment used for the purpose of site preparation and project completion should be operated and stored in a manner that prevents any deleterious substance (e.g. petroleum products, silt, debris, etc.) from entering the valley; and

10. Any equipment maintenance and refueling operations shall be set back from the slope sufficiently to prevent spills from entering the valley.

-End of Page-



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Copyright

Carrera, Sam

From: Chandler, Jason
Sent: Thursday, March 19, 2015 10:55 AM
To: christina@budgetbin.ca; ashley@budgetbin.ca
Cc: Carrera, Sam; Kowalski, Emma; Stewart, Dave; Devlin, Taya (tdevlin@npca.ca); Chandler, Jason
Subject: 285 Ontario Street - NPCA Clearance Required
Attachments: 282 Ontario Street-Demo Plan.pdf; 285 Ontario Street-Demo Plan.pdf

Hi Christina/ Ashley,

It appears that a Niagara Peninsula Conservation Authority permit or clearance letter will be required prior to permit issuance for all of the detached structures, to be demolished, located only on 285 Ontario Street, as listed below:

285 Ontario Street – West Buildings

(Please see attached key building map showing detached structures labeled. I have attached the site plans for both sites located at 282 Ontario Street & 285 Ontario Street for Taya Devlin's information)

15 102268 IL: Main Building – Phase 3
15 102269 IL: Building 18
15 102270 IL: Building18.1 to 18.11 – 11 Tanks
15 102272 IL: Building 18.12 – Metal Shed
15 102273 IL: Building 18.13 - Quanset Hut #1
15 102274 IL: Building 3.1 - Quanset Hut #2
15 102276 IL: Concrete Building 3.2
15 102277 IL: Building 5 & 5.1
15 102278 IL: Building 5.2
15 102279 IL: Building 15
15 102280 IL: Building 15.1-Switching Station

Niagara Peninsula Conservation Authority (NPCA)

Taya Devlin
Planning Approvals Analyst
Niagara Peninsula Conservation Authority
250 Thorold Road West, 3rd Floor
Welland, Ontario L3C 3W2
Phone: 905 788 3135 (ext. 262)
Fax: 905 788 1121
Email: tdevlin@npca.ca

I have copied Taya on this email in an effort to get her up to speed with the entire demolition project.

Taya:
Can you please direct Christina/ Ashley as to what information you will require for you review?

Christina/Ashley:
Once you have received the NPCA Clearance/Permit, please email me and I will update the file and co-ordinate with Emma/ Dave (Zoning) and Sam (Senior Plans Examiner).

Regards,

Jason Chandler Dipl. T. (Arch)
Building Technician
Email: jchandler@stcatharines.ca
Tel: 905.688.5601 x1619

Carrera, Sam

From: Melin, Nathan
Sent: Friday, March 13, 2015 1:54 PM
To: 'Teppei Kamei'
Cc: FEM - Platoon Chiefs; Gill, Donna; Mills, Sabrina; Jones, Larry; Wood, Dave; Belair, Monique; Carrera, Sam
Subject: Private Hydrate availability during demolition

Mr. Teppei Kamie ,

It has come to the attention of St. Catharines Fire Services that the water on the west side of Ontario Street pertaining to the GM demolition project 282-285 Ontario Street has been shut off and it not available. I'm trying to get confirmation that the water shut off includes the water to the private hydrants on site. St. Catharines Fire Services is requesting to attend the site next week March 16-20, 2015 to determine if Fire Suppression will require the private hydrants to be maintained with available water during demolition or if the fire hydrants located on city property will suffice for the purpose of fire suppression activities during the event of an fire emergency.

Please provide a date and time that Fire Services will be able to attend the site and confirm hydrant location and availability.

Please contact me if you have any questions.

Thanks,

Nathan Melin

Nathan Melin
Senior Inspector
Email: nmelin@stcatharines.ca
Tel: 905.688.5601 x4208

From: Teppei Kamei [mailto:teppei@bayshoregroups.com]
Sent: Friday, March 13, 2015 12:49 PM
To: Melin, Nathan
Subject: pls write email reflecting our conversation

CLICK HERE TO SEE OUR LATEST ONLINE AUCTION...
SURPLUS AUTOMOTIVE ASSETS FROM THE FORMER GM PLANT
Hilco Industrial

Teppei Kamei
Executive Assistant to CEO
teppei@bayshoregroups.com
Corporate Headquarters
282 Ontario Street, St.Catharines, ON L2R 0B4
Office / 905-228-1712 • Cell / 647-864-9341
Skype / teppei.kamei
www.bayshoregroups.com

Click here to report this email as spam.

"C" Correspondence re NPCA Clearance 15 102268 IL - 285 Ontario St.

Carrera, Sam

From:	Mills, Sabrina
Sent:	Wednesday, March 18, 2015 11:08 AM
To:	Carrera, Sam
Cc:	Burrows, Sandra
Subject:	Demolition at GM

Sam,

The following must be completed before the permit is issued.

West Side (285 Ontario) NPCA 12 MILE CREEK

1. A $3000 actual cost deposit must be paid to decommission 3 sanitary laterals.
(If the laterals are exposed at the property line during demolition and our Lake Street Service Centre is called to complete the required capping, the final cost will be less)
2. A $15,000 actual cost deposit must be paid to decommission 6 water services.
3. A $1000 actual cost deposit must be paid to TV inspect the municipal sewer overflow that outlets to the creek through this property, to ensure demolition of the building has not affected the sewer.
4. The owner must submit a TV record of the municipal sewer that crosses the property to confirm the existing condition. This must be completed prior to the demotion permit being issued for this property.

East Side (282 Ontario)

1. A $1000 actual cost deposit must be paid to decommission 1 sanitary lateral.
(If the laterals are exposed at the property line during demolition and our Lake Street Service Centre is called to complete the required capping, the final cost will be less)
2. A $7500 actual cost deposit must be paid to decommission 3 water services.
3. A $1000 actual cost deposit must be paid to TV inspect the municipal sewer that traverses the property from Pleasant to Carlton to ensure demolition of the building has not affected the sewer.
4. The owner must submit a TV record of the municipal sewer that crosses the property to confirm the existing condition. This must be completed prior to the demotion permit being issued for this property.
5. Based on the records provided and records the City has on file, we believe the water service within the tunnel connected to the Office building is currently used for fire purposes only. The domestic water service for the office building is provided by through the tunnel connected to the Power House. Since the existing domestic supply is through a building that is to be demolished, it would be necessary to complete internal plumbing works to connect the domestic service for the office building to the fire supply and disconnect from the existing domestic service so that the remainder of the buildings can be demolished. For this work, a new meter must be installed on the new domestic service and a plumbing only permit must be obtained for any alterations to the plumbing system. Please provide confirmation that our assumption is correct and of how the separation of these services this will be achieved prior to the demolition permit being issued.

The following are conditions are applicable once the permit is issued (applicable for both sites)

If any additional connections are found to the municipal sewer and/or watermain, they must be staked at the property line and reported to the appropriate municipal Water or Sewer Foreman for decommissioning.

- The contractor must ensure that municipal sewers located within this property are protected and not damaged during demolition.

Sabrina Mills C.E.T.
Development Technologist
Email: smills@stcatharines.ca
Tel: 905.688.5601 x1605

"C" Correspondence re NPCA Clearance 15 102268 IL - 285 Ontario St.

285 ONTARIO STREET

Chandler, Jason NPCA WORK PERMIT IS REQUIRED!!

NPCA

From:	Devlin, Taya <tdevlin@npca.ca>
Sent:	Thursday, March 19, 2015 1:49 PM
To:	Chandler, Jason; christina@budgetbin.ca; ashley@budgetbin.ca
Cc:	Carrera, Sam; Kowalski, Emma; Stewart, Dave; Deluce, David
Subject:	RE: 285 Ontario Street - NPCA Clearance Required
Attachments:	Application-for-Development.pdf

Good Afternoon Christina and Ashley,

The NPCA will require a work permit application be submitted for the proposed demolition of the detached structures at 285 Ontario Street, St. Catharines. I have attached a copy of the application form, to be filled out and returned to this office along with any materials (e.g. plans, sketches) being submitted to the City for the demolition permit, as well as a fee of $260.

Please contact me if you have any questions.
Thank you,

Taya Devlin
Planning Approvals Analyst
Niagara Peninsula Conservation Authority
250 Thorold Road West, 3rd Floor
Welland, Ontario L3C 3W2
Phone: 905 788 3135 (ext. 262)
Fax: 905 788 1121
Email: tdevlin@npca.ca

From: Chandler, Jason [mailto:jchandler@stcatharines.ca]
Sent: Thursday, March 19, 2015 10:55 AM
To: christina@budgetbin.ca; ashley@budgetbin.ca
Cc: Carrera, Sam; Kowalski, Emma; Stewart, Dave; Devlin, Taya; Chandler, Jason
Subject: 285 Ontario Street - NPCA Clearance Required

Hi Christina/ Ashley,

It appears that a Niagara Peninsula Conservation Authority permit or clearance letter will be required prior to permit issuance for all of the detached structures, to be demolished, located only on 285 Ontario Street, as listed below:

285 Ontario Street – West Buildings

(Please see attached key building map showing detached structures labeled. I have attached the site plans for both sites located at 282 Ontario Street & 285 Ontario Street for Taya Devlin's information)

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15 102276 IL: Concrete Building 3.2
15 102277 IL: Building 5 & 5.1
15 102278 IL: Building 5.2
15 102279 IL: Building 15
15 102280 IL: Building 15.1-Switching Station

Niagara Peninsula Conservation Authority (NPCA)

Taya Devlin
Planning Approvals Analyst
Niagara Peninsula Conservation Authority
250 Thorold Road West, 3rd Floor
Welland, Ontario L3C 3W2
Phone: 905 788 3135 (ext. 262)
Fax: 905 788 1121
Email: tdevlin@npca.ca

I have copied Taya on this email in an effort to get her up to speed with the entire demolition project.

Taya:
Can you please direct Christina/ Ashley as to what information you will require for you review?

Christina/Ashley:
Once you have received the NPCA Clearance/Permit, please email me and I will update the file and co-ordinate with Emma/ Dave (Zoning) and Sam (Senior Plans Examiner).

Regards,

Jason Chandler Dipl. T. (Arch)
Building Technician
Email: jchandler@stcatharines.ca **Visit:** www.stcatharines.ca
Phone: 905.688.5601 x1619 **TTY:** 905.688.4TTY (4889)
Mail: PO Box 3012, 50 Church Street, St. Catharines, ON L2R 7C2
St. Catharines citizensfirst

City of St. Catharines Confidentiality Notice
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The Niagara Peninsula Conservation Authority Confidentiality Notice
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Click here to report this email as spam.

"C" Correspondence re NPCA Clearance 15 102268 IL - 285 Ontario St.

285 ONTARIO STREET

GM DEMO

Chandler, Jason

NPCA

From:	Chandler, Jason
Sent:	Thursday, March 19, 2015 11:18 AM
To:	teppei@bayshoregroups.com
Cc:	Carrera, Sam; Chandler, Jason
Subject:	FW: 285 Ontario Street - NPCA Clearance Required
Attachments:	282 Ontario Street-Demo Plan.pdf; 285 Ontario Street-Demo Plan.pdf

Hi Teppie,
I did not copy you on this email to Budget regarding NPCA approval for the demolition of the detached structures located on 285 Ontario Street.

This is a FYI only and I will follow up with Christina &/or Ashley at Budget.

Sam (Senior Plans Examiner) is reviewing the demo submissions and will be responding under separate cover with a letter addressing Sidewalk damage deposits and Site Services decommissioning deposits.

Regards,

From: Chandler, Jason
Sent: Thursday, March 19, 2015 10:55 AM
To: christina@budgetbin.ca; ashley@budgetbin.ca
Cc: Carrera, Sam; Kowalski, Emma; Stewart, Dave; Devlin, Taya (tdevlin@npca.ca); Chandler, Jason
Subject: 285 Ontario Street - NPCA Clearance Required

Hi Christina/ Ashley,

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15 102279 IL: Building 15
15 102280 IL: Building 15.1-Switching Station

Niagara Peninsula Conservation Authority (NPCA)

Taya Devlin
Planning Approvals Analyst
Niagara Peninsula Conservation Authority
250 Thorold Road West, 3rd Floor
Welland, Ontario L3C 3W2
Phone: 905 788 3135 (ext. 262)
Fax: 905 788 1121
Email: tdevlin@npca.ca

I have copied Taya on this email in an effort to get her up to speed with the entire demolition project.

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Christina/Ashley:
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Regards,

Jason Chandler Dipl. T. (Arch)
Building Technician
Email: jchandler@stcatharines.ca
Tel: 905.688.5601 x1619

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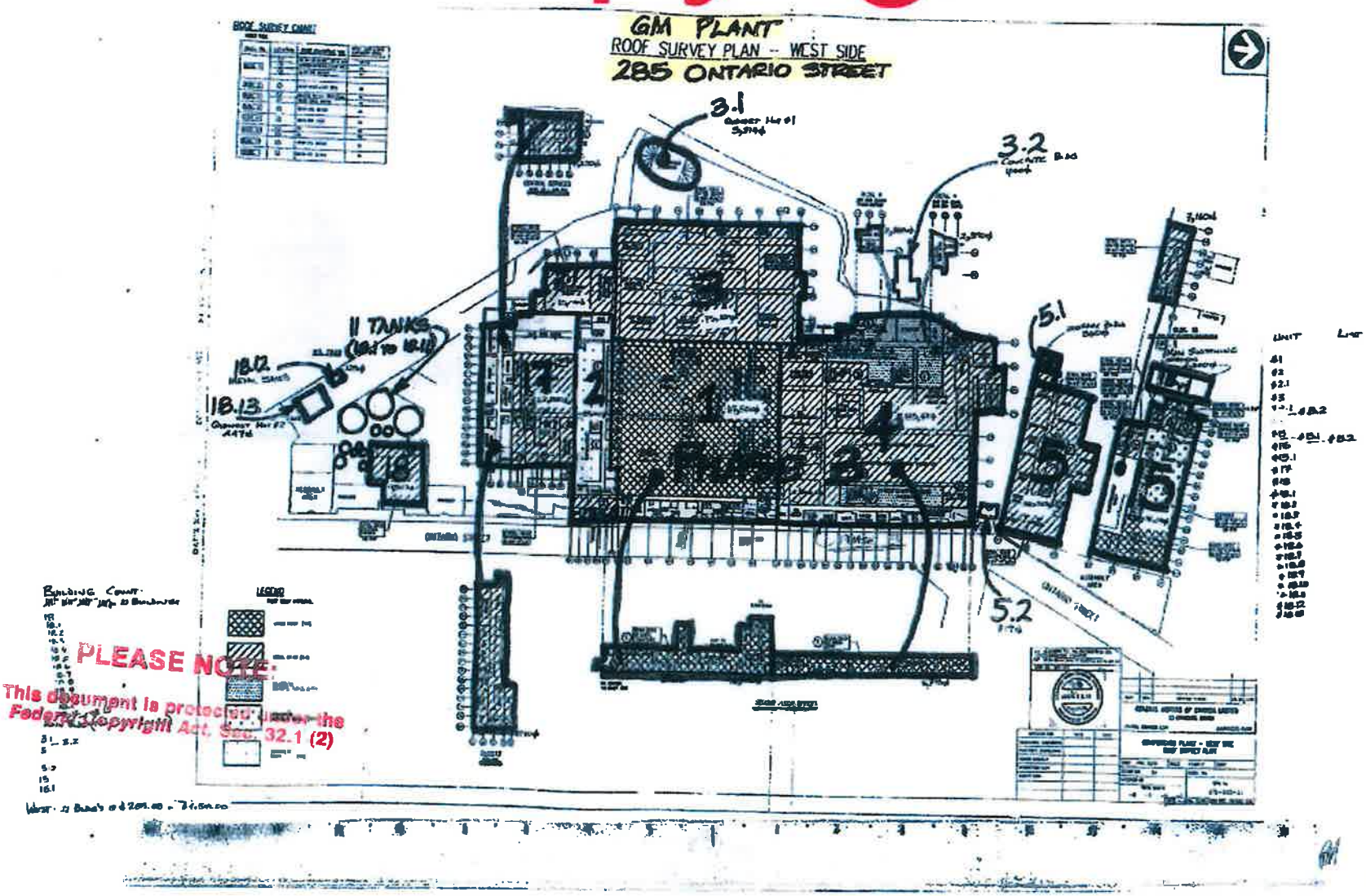

NPCA REQUIRED ON 285 ONTARIO ONLY

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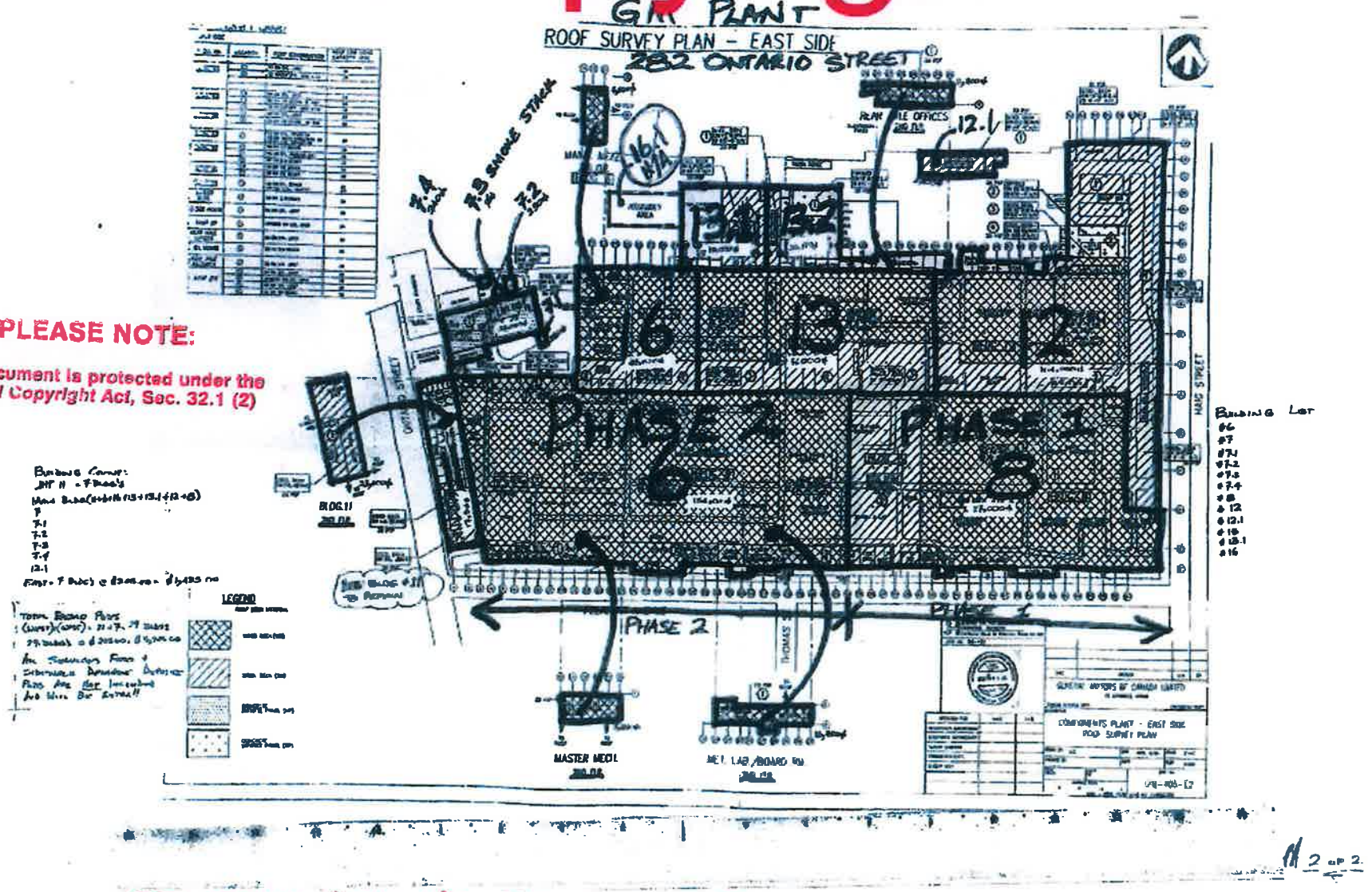

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FOR TAYA DEVLIN'S REFERENCE ONLY

Carrera, Sam

From: Taya Devlin <tdevlin@npca.ca>
Sent: Friday, April 10, 2015 2:59 PM
To: Ashley Tamminga
Cc: Christina Murray; Chandler, Jason; Carrera, Sam
Subject: RE: 285 Ontario Street - NPCA Clearance
Attachments: 285 Ontario Street Map.pdf

Good Afternoon Ashley,

I have reviewed the plans provided for the demolition of the structures at 285 Ontario Street, St. Catharines.
Prior to issuing the work permit, the NPCA will require an updated plan which indicates the location of construction sediment controls (i.e. silt fence) along the top of slope. In addition, the following mitigation measures should be added to the drawing as a note:

1. Adequate construction sediment controls (i.e. silt fencing) shall be installed along the limit of work prior to construction and shall be maintained in good condition until all disturbed areas have been stabilized. At no time shall muddy water be allowed to discharge towards the valley;
2. All fill material, whether originating from this project or another site must not be placed or temporarily stored within the limit of regulated features and their buffers;
3. Any stockpiled materials should be stored and stabilized away from the slope in such a way that it will not enter the valley;
4. All materials and equipment used for the purpose of site preparation and project completion should be operated and stored in a manner that prevents any deleterious substance (e.g. petroleum products, silt, debris, etc.) from entering the valley; and
5. Any equipment maintenance and refueling operations shall be set back from the slope sufficiently to prevent spills from entering the valley.

Once the updated plan is complete, please submit it to me, and NPCA staff will incorporate it with the NPCA work permit.

Please contact me if you have any questions.
Thank you,

Taya Devlin
Planning Approvals Analyst
Niagara Peninsula Conservation Authority
250 Thorold Road West, 3rd Floor
Welland, Ontario L3C 3W2
Phone: 905 788 3135 (ext. 262)
Fax: 905 788 1121
Email: tdevlin@npca.ca

From: Ashley Tamminga [mailto:ashley@budgetbin.ca]
Sent: Tuesday, March 31, 2015 8:55 AM
To: Taya Devlin
Cc: Christina Murray; Chandler, Jason; Carrera, Sam
Subject: Re: 285 Ontario Street - NPCA Clearance

Great, thank you so much Taya!

Regards,

Ashley Tamminga

Demolition Coordinator
Budget Environmental Disposal Inc.
375 Gage Ave N, Hamilton ON. L8L7B1
Ph: 289-639-9540
Fax: 905-543-0244
Cell: 905-961-0448

On Tue, Mar 31, 2015 at 8:53 AM, Taya Devlin <tdevlin@npca.ca> wrote:

Good Morning Ashley,

Thank you very much for sending the application. The associated fee was received by this office yesterday (March 30, 2015). I will process the application and get the letter to you by April 10, 2015.

Please contact me if you have any questions.

Thank you,

Taya Devlin

Planning Approvals Analyst

Niagara Peninsula Conservation Authority

250 Thorold Road West, 3rd Floor

Welland, Ontario L3C 3W2

Phone: 905 788 3135 (ext. 262)

Fax: 905 788 1121

Email: tdevlin@npca.ca

From: Ashley Tamminga [mailto:ashley@budgetbin.ca]
Sent: Thursday, March 26, 2015 8:41 AM
To: Taya Devlin
Cc: Christina Murray; Chandler, Jason; Carrera, Sam
Subject: 285 Ontario Street - NPCA Clearance

Good Morning Taya,

Please find attached our work permit application. I will have the payment dropped off or couriered to you this week as well. Please let me know if you require further information.

Regards,

Ashley Tamminga

Demolition Coordinator

Budget Environmental Disposal Inc.

375 Gage Ave N, Hamilton ON. L8L7B1

Ph: 289-639-9540

Fax: 905-543-0244

Cell: 905-961-0448

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Carrera, Sam

From:	Ashley Tamminga <ashley@budgetbin.ca>
Sent:	Monday, April 13, 2015 10:37 AM
To:	Taya Devlin
Cc:	Christina Murray; Chandler, Jason; Carrera, Sam; Will Bartels; Renee Guay
Subject:	Re: 285 Ontario Street - NPCA Clearance
Attachments:	Site Plan v.201504013.pdf; Demolition Plan- updated.pdf

Good Morning Taya,

Please find attached our updated site plan to show the sediment controls. I have also attached our demolition plan which goes into more detail regarding sediment control. Please let me know if you require further information.

Regards,

Ashley Tamminga
Demolition Coordinator
Budget Environmental Disposal Inc.
375 Gage Ave N, Hamilton ON. L8L7B1
Ph: 289-639-9540
Fax: 905-543-0244
Cell: 905-961-0448

On Fri, Apr 10, 2015 at 2:58 PM, Taya Devlin <tdevlin@npca.ca> wrote:

Good Afternoon Ashley,

I have reviewed the plans provided for the demolition of the structures at 285 Ontario Street, St. Catharines.

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Please contact me if you have any questions.

Thank you,

Taya Devlin

Planning Approvals Analyst

Niagara Peninsula Conservation Authority

250 Thorold Road West, 3rd Floor

Welland, Ontario L3C 3W2

Phone: 905 788 3135 (ext. 262)

Fax: 905 788 1121

Email: tdevlin@npca.ca

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Sent: Tuesday, March 31, 2015 8:55 AM
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Subject: Re: 285 Ontario Street - NPCA Clearance

Great, thank you so much Taya!

Regards,

Ashley Tamminga

Demolition Coordinator

Budget Environmental Disposal Inc.

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Ph: 289-639-9540

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Taya Devlin

Planning Approvals Analyst

Niagara Peninsula Conservation Authority

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Phone: 905 788 3135 (ext. 262)

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Subject: 285 Ontario Street - NPCA Clearance

Good Morning Taya,

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Regards,

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"C" Correspondence re NPCA Clearance 15 102268 IL - 285 Ontario St.

285 Ontario Street, St. Catharines





Legend

- NPCA ADMINISTRATIVE BOU
- Corporate Watershed Divide N
- NPCA APPROXIMATE REGU
- Regulated Floodplain Extent
  - Advisory (CWR)
  - Regulated
- Reaches Draining 125ha Requ
- Top of Slope Features
  - Stable
  - Unstable
- Top of Slope Allowance
- OWES WETLANDS
  - Non-Provincially Significant Wetlan
  - Provincially Significant Wetland
- RMN Streets
  - Provincial
  - Regional
  - Municipal Other
- Ham and Hald Streets (50K - 2
- Ham and Hald Streets
- RMN Assessment Parcels
- MEMBER MUNICIPALITY Lab
- Member Municipal Boundary L
- 2K HydroPoly
- 2K Hydrography
- Contours - 1m Region 2002
- Contours - 1m Watershed 200
- AIRPORTS

1:5,149
4/8/2015

0.3 0 0.13 0.3 Kilometers

©Niagara Region, NPCA, LIO, MPAC and Teranet

This map is for illustrative purposes only. Information contained hereon is not intended to constitute advice, is not a substitute for professional review or a site survey, and is subject to change without notice. The NPCA takes no responsibility for, nor guarantees, the accuracy of the information contained on this map. Any interpretations or conclusions drawn from this map are the sole responsibility of the user. THIS IS NOT A PLAN OF SURVEY.

Notes

Proposed Demolition

"D" Dynamic Industrial Services summary/inspection graph

15 102268 IL - 285 Ontario St.

DYNAMIC INDUSTRIAL SERVICES INC
335 TOWN LINE ROAD
NIAGARA ON THE LAKE
L0S 1J0
TOLL FREE:1-877-334-3318

Project Summary

GM ONTARIO STREET

Main To	Date	Address	Start MH	Finish MH	Pipe	Asset Length	Surveyed Length
PLANT MH 1-PLEASANT ST MH	4/30/2015	GM PLANT	PLEASANT ST MH	PLANT MH 1	CP	23.6	23.6
PLANT MH 2-PLANT MH 1	4/30/2015	PLANT	PLANT MH 1	PLANT MH 2	CSU	19.1	19.2
					Subtotal	42.7 m	42.8 m
					Total	42.7 m	42.8 m

Number of inspections: 2

attempts @ TV unsuccessful MA.

"D" Dynamic Industrial Services summary/inspection graph - 15 102268 IL - 285 Ontario St.

DYNAMIC INDUSTRIAL SERVICES INC
335 TOWN LINE ROAD
NIAGARA ON THE LAKE
L0S 1J0
TOLL FREE:1-877-334-3318

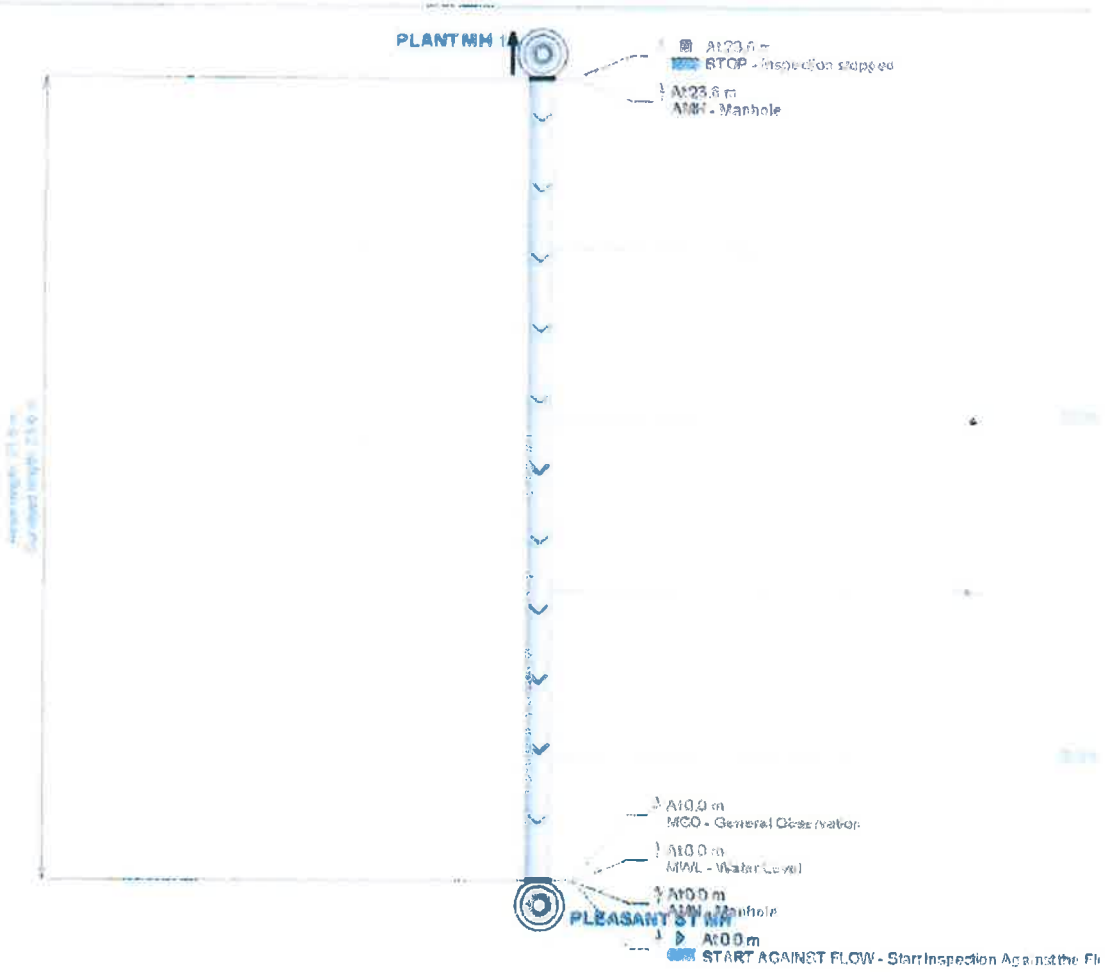
Main Inspection with Pipe-Run Graph

Project Name:	Pipeline segment ref:	City:	Street:
GM ONTARIO STREET	PLANT MH 1-PLEASANT ST MH	ST CATHARINES	GM PLANT

Start date/time:	Width:	Height:	Material:	USMH:	DSMH:
4/30/2015	625	700	CP	PLANT MH 1	PLEASANT ST MH

Direction:	Length surveyed:	Weather:	Media label:
UPSTREAM	23.6	1	

MH Material:	Pipe Shape:	Operator Name:	Certificate No:
	E	SHAUN EMERY	U-1212-15219



"D" Dynamic Industrial Services summary/inspection graph - 15 102268 IL - 285 Ontario St.

DYNAMIC INDUSTRIAL SERVICES INC
335 TOWN LINE ROAD
NIAGARA ON THE LAKE
L0S 1J0
TOLL FREE:1-877-334-3318

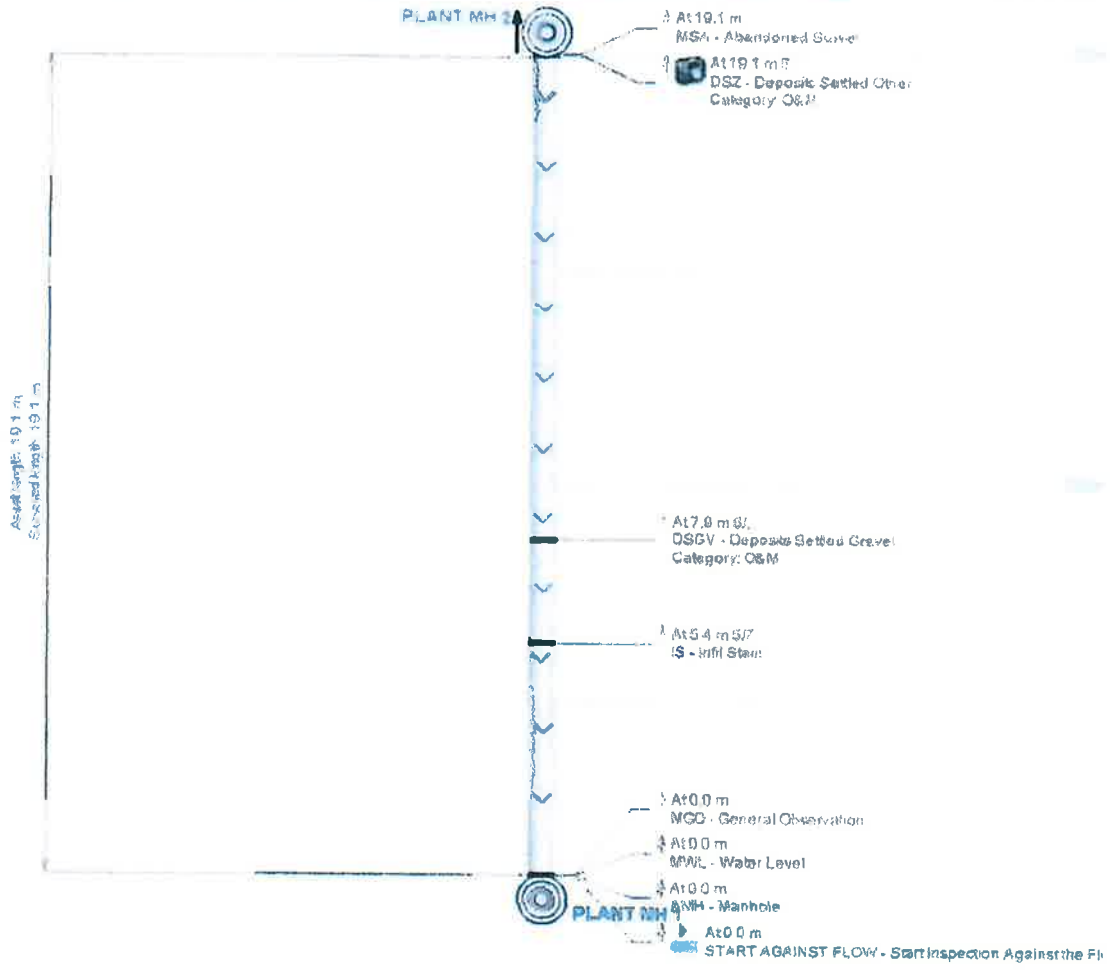
Main Inspection with Pipe-Run Graph

Project Name:	Pipeline segment ref:	City:	Street:
GM ONTARIO STREET	PLANT MH 2-PLANT MH 1	ST CATHARINES	PLANT

Start date/time:	Width:	Height:	Material:	USMH:	DSMH:
4/30/2015	625	700	CSU	PLANT MH 2	PLANT MH 1

Direction:	Length surveyed:	Weather:	Media label:
UPSTREAM	19.2	1	

MH Material:	Pipe Shape:	Operator Name:	Certificate No:
	E	SHAUN EMERY	U-1212-15219



"E" Submitted Drawings/Calculations 15 102268 IL - 285 Ontario St.

Copyright

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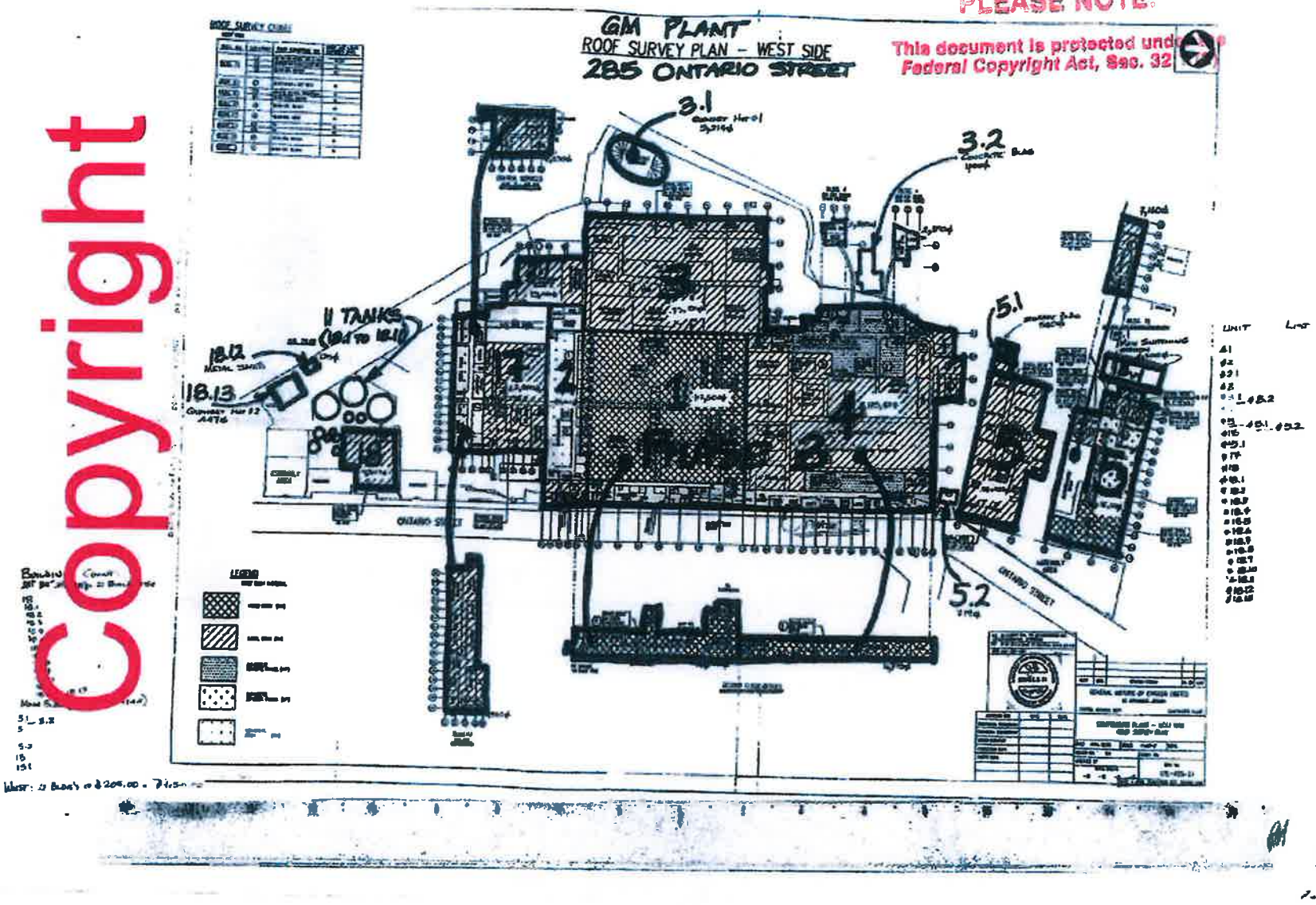


1 of 2

285 ONTARIO STREET: WEST BLDG

= AREA - 650,619 ft

· MAIN BUILDING: 550,830 ft

#1 - GRD FLR =	117,500
#1 - 2ND FLR MEZZ =	16,710
#2 - GRD FLR =	45,000
#2.1 - GRD FLR =	15,000
#3 - GRD FLR =	75,330
#4 - GRD FLR =	179,430
#4 - 2ND FLR. MEZZ =	16,715
#4 - 2ND FLR ABOVE TRUCK PASSAGE =	2,385
#4 - 2ND FLR ELEC. RM =	2,390
#17 - GRD FLR =	62,880
#17 - 2ND FLR =	11,940
#17 - 3RD FLR =	9,550
	550,830

· BUILDING (#18): 9,507 ft

· 11 TANKS (18.1 TO 18.11) - NO SQ.FT = 0 SQ.FT

· METAL SHED (18.12): 125 ft

· QUANSET HUT (18.13): 447 ft

· QUANSET HUT (3.1): 5,214 ft

· CONCRETE BLDG (3.2): 1,000 ft

· BUILDING 5 + 5.1: 34,785 ft

#5 =	34,245
#5.1 =	540
	34,785

· BUILDING 5.2: 719 ft

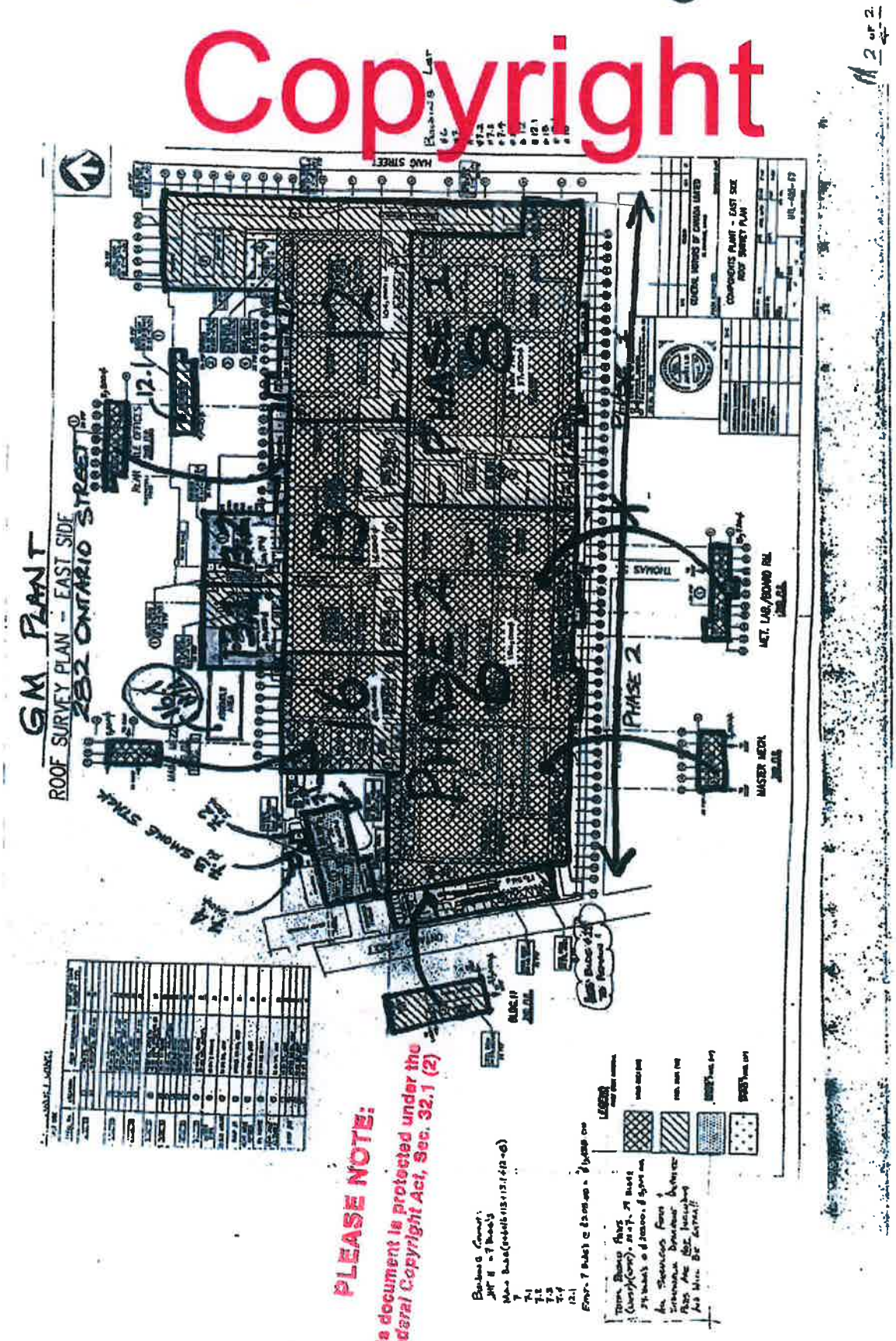
· BUILDING 15: ~~45,772~~

#15 - GRD. FLR =	36,632
#15 - 2ND FLR =	7,160
	43,792

· MAIN SWITCHING BUILDING (15.1): 4200 ft

21 DEMO PERMITS
- 11 DEMO PERMITS (LUMP 11 TANKS INTO 1 DEMO PERMIT)

Copyright



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282 ONTARIO STREET - EXIST BLDG.

= AREA = 640,665 ft

MAIN BUILDING TOTAL = 611,375 ft

- MAIN BUILDING: PHASE 1 = 221,000 ft

#8	GRD FLR	= 117,000
#12	GRD FLR	= 104,000
		221,000

- MAIN BUILDING: PHASE 2 = 349,259 ft

#6	GRD. FLR	=	154,000
#6	2ND FLR - MECH OFFICES	=	7,860
#6	2ND FLR - LAB + BOARD ROOM	=	15,730
#16	GRD. FLR.	=	45,000
#16	2ND FLR - MEZZANINE	=	7,360
#13	GRD. FLR	=	76,000
#13.1	GRD. FLR	=	10,833
#13.2	GRD. FLR	=	20,179
#13.2	2ND FLR OFFICES	=	11,800
			349,259 ft

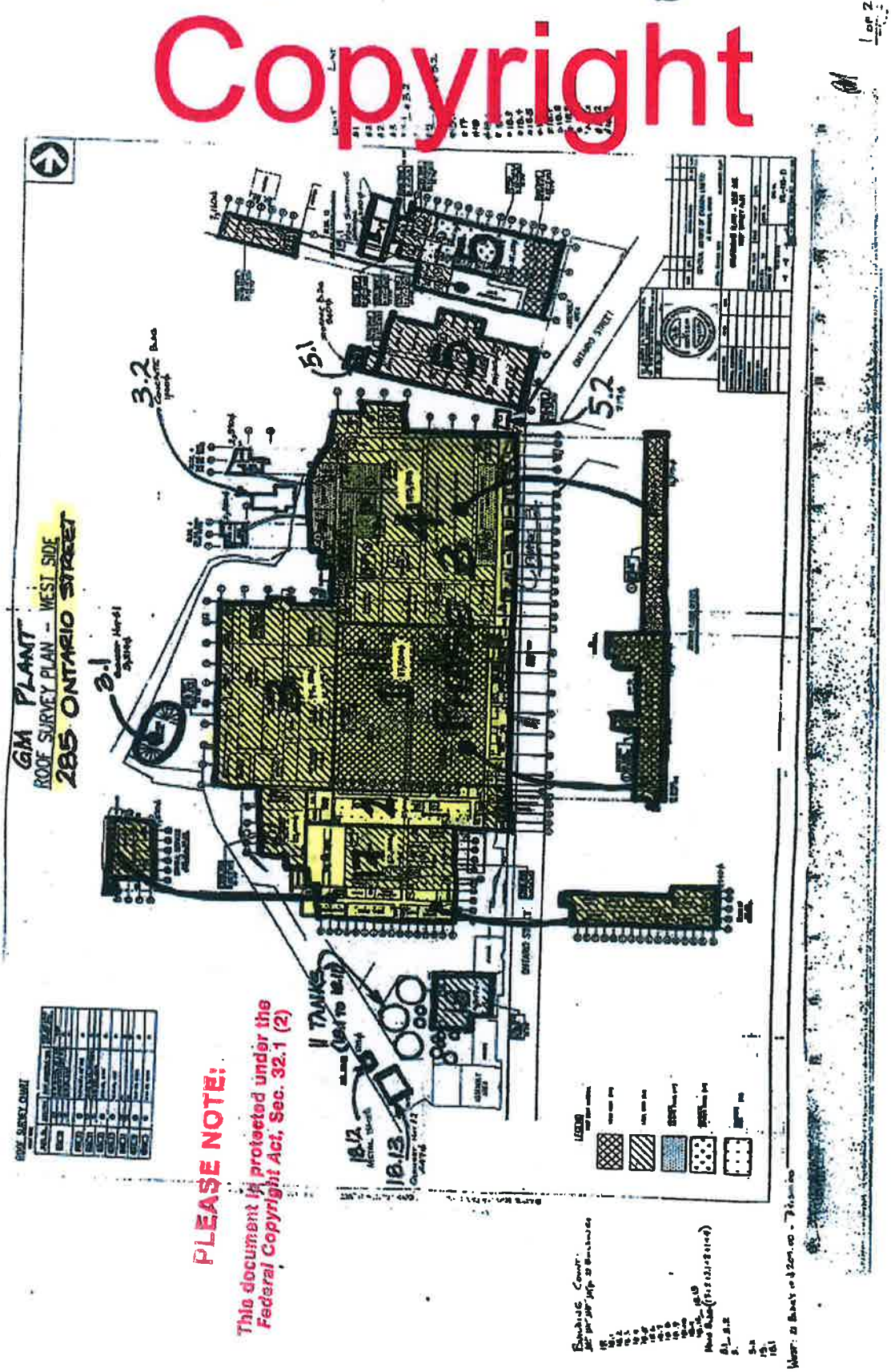
BUILDING #11: TO REMAIN = (41,116 ft)

#11	GRD. FLR.	=	17,516
#11	2ND FLR.	=	23,600
			41,116 ft

- BUILDING #7.1 = 24,085 ft
- BUILDING #7.1 = 280 ft
- BUILDING #7.2 = 230 ft
- BUILDING #7.3 - SMOKE STACK = 0 ft
- BUILDING #7.4 = 240 ft
- OIL HOUSE (12.1) = 4455 ft

BDEMO PERMITS:

Copyright



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285 ONTARIO STREET: WEST BLDG

= AREA = 650,619 ft

MAIN BUILDING: 550,830 ft

#1 - GRD FLR =	117,500
#1 - 2ND FLR MEZZ =	16,710
#2 - GRD FLR =	45,000
#2.1 - GRD FLR =	15,000
#3 - GRD FLR =	75,330
#4 - GRD FLR =	175,430
#4 - 2ND FLR MEZZ =	16,715
#4 - 2ND FLR ABOVE TRUCK PLATFORM =	2,385
#4 - 2ND FLR ELEC. RM =	2,390
#17 - GRD FLR =	62,880
#17 - 2ND FLR =	11,940
#17 - 3RD FLR =	9,550
	550,830

- BUILDING (#18): 9,507 ft
- 11 TANKS (18.1 TO 18.11) - NO SQ.FT = 0 SQ.FT
- METAL SHED (18.12): 125 ft
- QUANSET HUT (18.13): 447 ft
- QUANSET HUT (3.1): 5,214 ft
- CONCRETE BLDG (3.2): 1,000 ft
- BUILDING 5 + 5.1: 34,785 ft

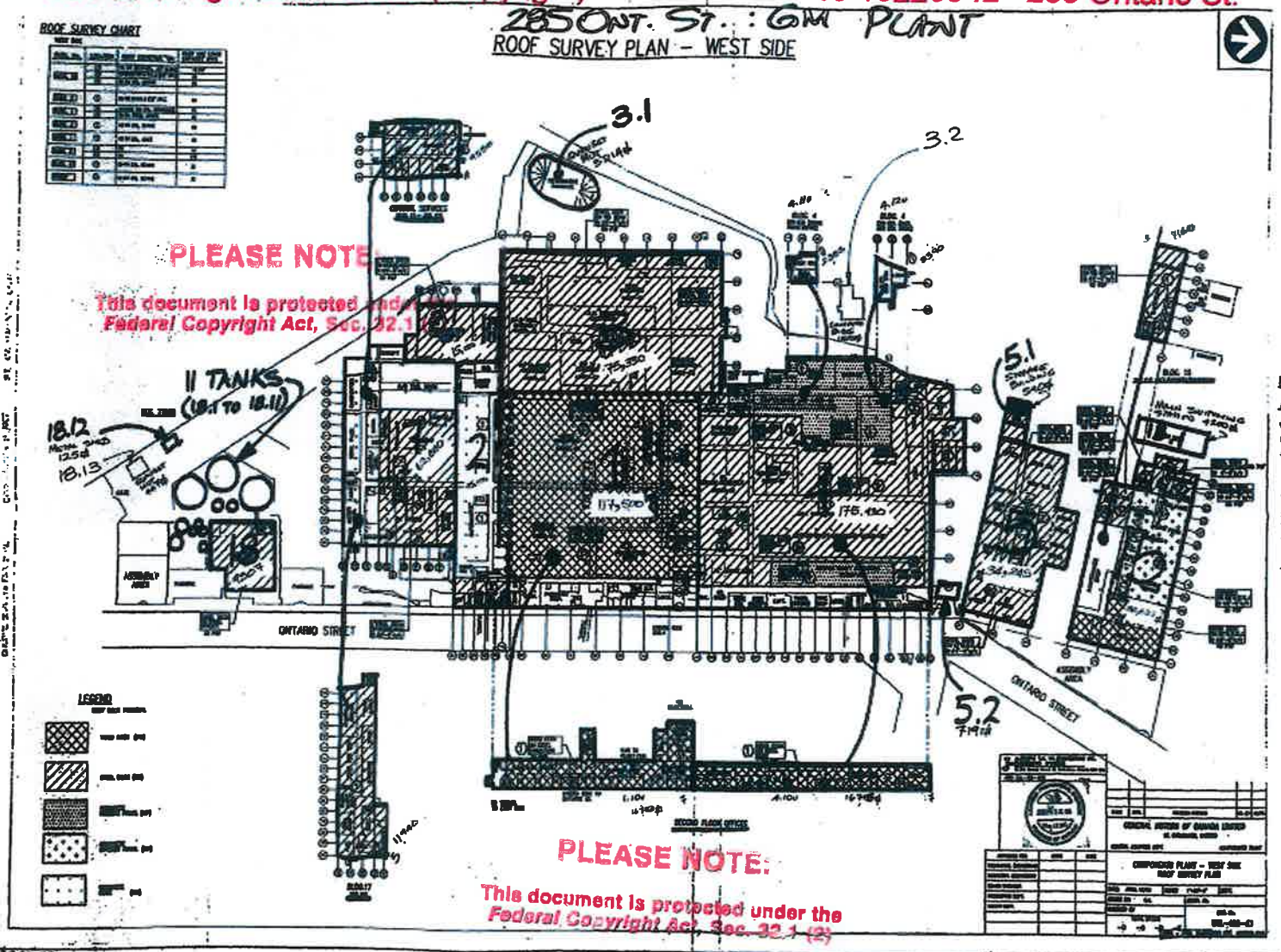
#5 =	34,245
#5.1 =	540
	34,785

- BUILDING 5.2: 719 ft
- BUILDING 15: 43,742 ft

#15 - GRD. FLR =	36,632
#15 - 2ND FLR =	7,160
	43,742

- MAIN SWITCHING BUILDING (15.1): 4200 ft

21 DEMO PERMITS
↳ 11 DEMO PERMITS (LUMP 11 TANKS INTO 1 DEMO PERMIT)


285 ONT. ST. : GM PLANT
ROOF SURVEY PLAN – WEST SIDE
ROOF SURVEY CHART
3.1
3.2
5.1
5.2
11 TANKS (18.1 TO 18.11)
18.12
18.13
ONTARIO STREET
LEGEND
BUILDING LIST
PLEASE NOTE:
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PLEASE NOTE:
This document is protected under the Federal Copyright Act, Sec. 32.1 (2)

1 OF 2

285 ONTARIO STREET: WEST BLDG

= AREA = 650,619 ft

- MAIN BUILDING: 550,830 ft

#1 - GRD FLR =	117,500
#1 - 2ND FLR MEZZ =	16,710
#2 - GRD FLR =	45,000
#2.1 - GRD FLR =	5,000
#3 - GRD FLR =	95,330
#4 - GRD FLR =	175,430
#4 - 2ND FLR MEZZ =	16,715
#4 - 2ND FLR ABOVE TRUCK ROOM =	2,385
#4 - 2ND FLR ELEC. RM =	2,390
#17 - GRD FLR =	62,880
#17 - 2ND FLR =	11,940
#17 - 3RD FLR =	9,550
	550,830

- BUILDING (#18): 9,507 ft

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- QUANSET HUT (18.13): 447 ft

- QUANSET HUT (3.1): 5,214 ft

- CONCRETE BLDG (3.2): 1,000 ft

- BUILDING 5 + 5.1: 34,785 ft

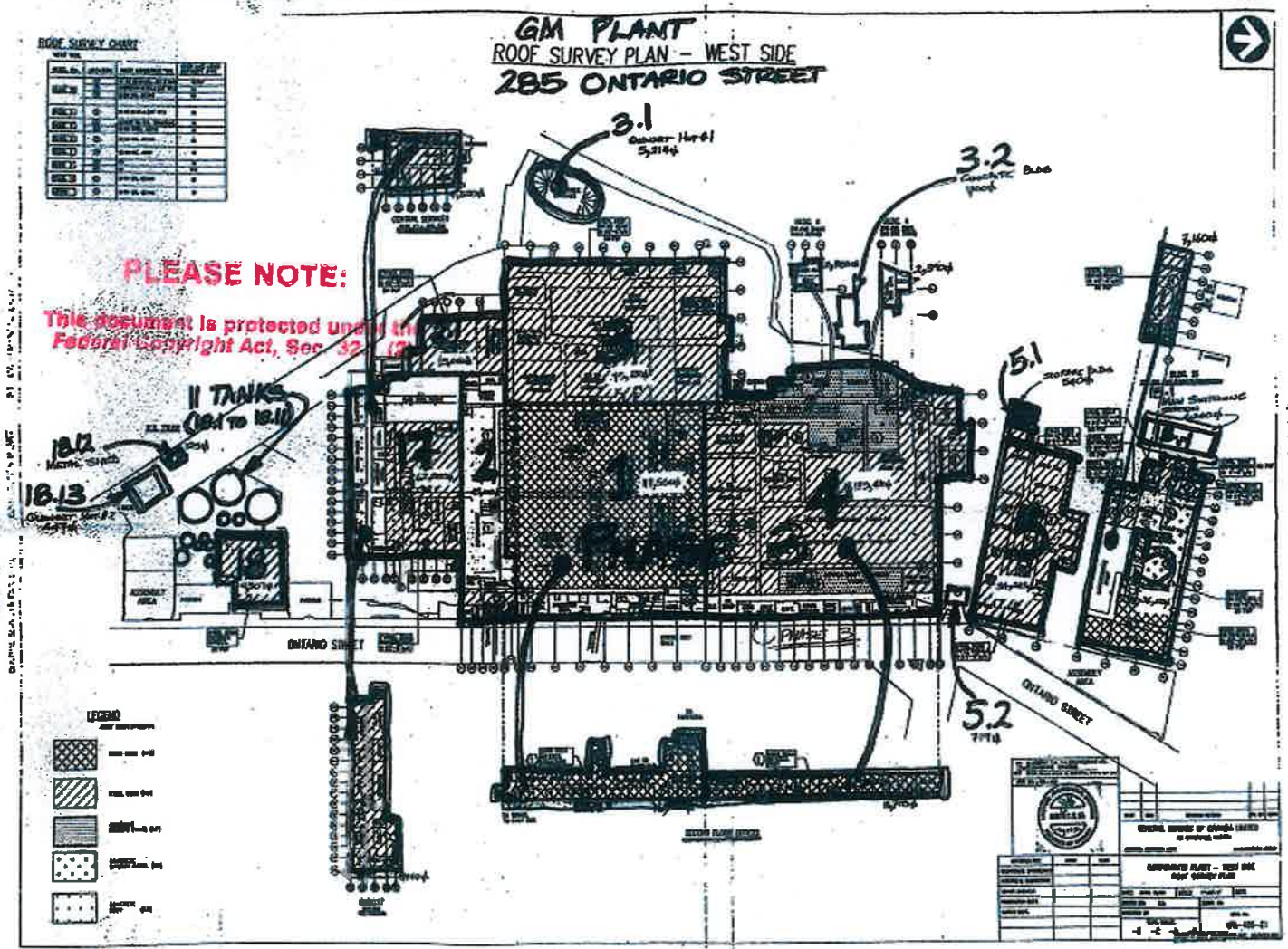
#5 =	34,245
#5.1 =	540
	34,785

- BUILDING 5.2: 719 ft

- BUILDING 15: 43,792 ft

#15 - GRD. FLR =	36,632
#15 - 2ND FLR =	7,160
	43,792

- MAIN SWITCHING BUILDING (15.1): = 4200 ft



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1 of 2

282 ONTARIO STREET - EAST BLDG.

= AREA = 640,665 ft²

MAIN BUILDING TOTAL = 611,375 ft²

- MAIN BUILDING: PHASE 1 = 221,000 ft²

#8	GRD. FLR	= 117,000
#12	GRD FLR	= 104,000
		221,000

- MAIN BUILDING: PHASE 2 = 349,259 ft²

#6	GRD. FLR	= 154,000
#6	2ND FLR - MECH OFFICES	= 7,860
#6	2ND FLR - LAB + BOARD ROOM	= 15,730
#16	GRD. FLR.	= 45,000
#16	2ND FLR - MEZZANINE	= 7,860
#13	GRD. FLR	= 76,000
#13.1	GRD. FLR	= 10,833
#13.2	GRD. FLR	= 20,179
#13.2	2ND FLR OFFICES	= 11,800
		349,259 ft²

BUILDING #11: TO REMAIN = (41,116 ft²)

#11	GRD. FLR.	= 17,516
#11	2ND FLR.	= 23,600
		41,116 ft²

- BUILDING #7 = 24,085 ft²
- BUILDING #7.1 = 280 ft²
- BUILDING #7.2 = 230 ft²
- BUILDING #7.3 - SMOKE STACK = 0 ft²
- BUILDING #7.4 = 240 ft²
- OIL HOUSE (12.1) = 4455 ft²

15 102269 18
15 102270 18.1-18.11 11 TANKS
15 102272 18.12
15 102273 18.13
[redacted]

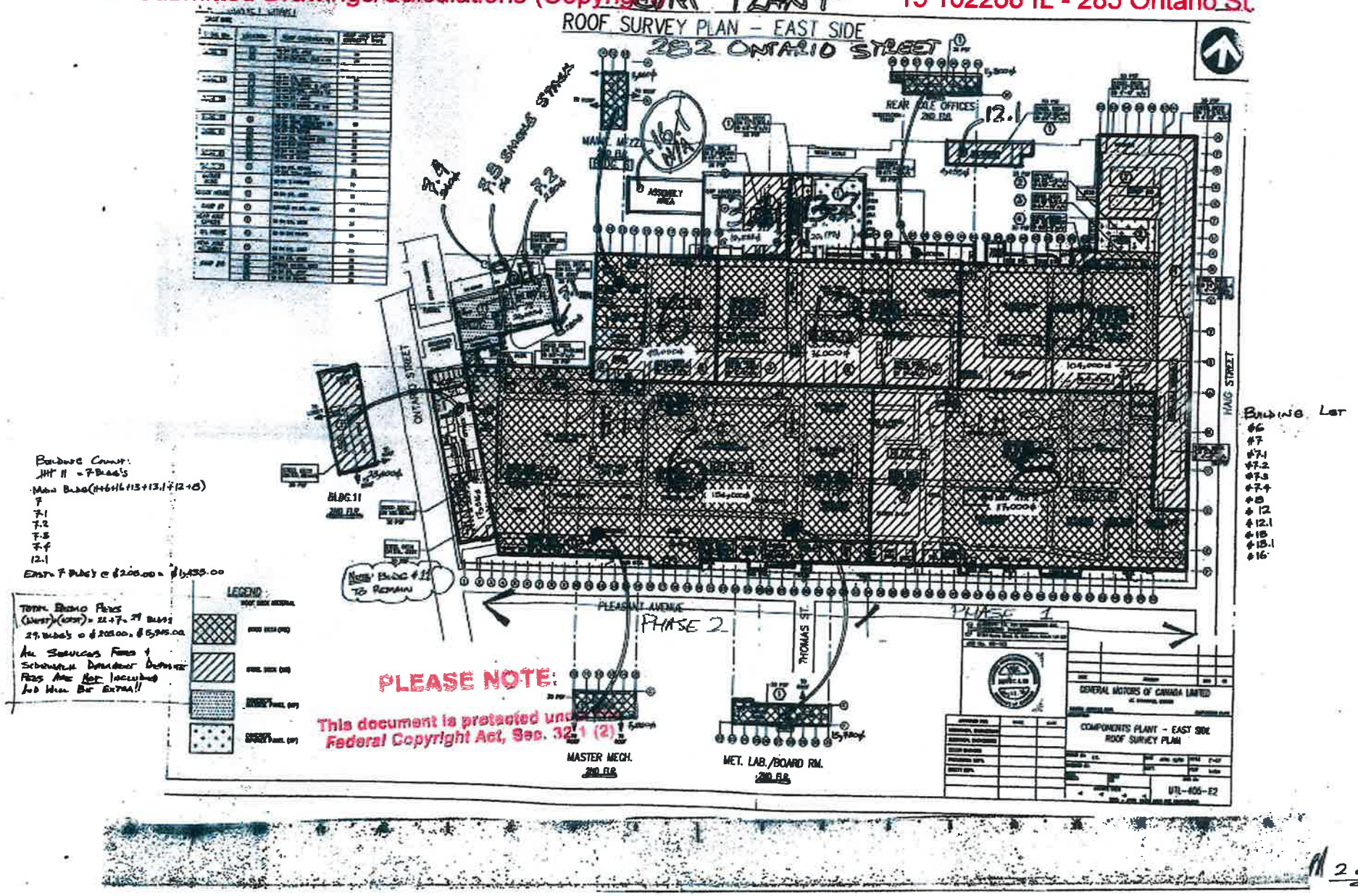
15 102274 3.1
15 102276 3.2
15 102277 5 & 5.1
15 102278 5.2
[redacted]

15 102279 15
15 102280 15.1
GROUP 3

15 102268 MAIN BUILDING
[redacted]

BUILDING INSPECTOR'S COPY

"E" Submitted Drawings/Calculations (Copyright)



"E" Submitted Drawings/Calculations 15 102268 IL - 285 Ontario St

282 ONTARIO STREET - EAST BLDG.

= AREA = 640,665 ft²

MAIN BUILDING TOTAL = 611,375 ft²

- MAIN BUILDING: PHASE 1 = 221,000 ft²

#8	GRD. FLR	= 117,000
#12	GRD FLR	= 104,000
		221,000

- MAIN BUILDING: PHASE 2 = 349,259 ft²

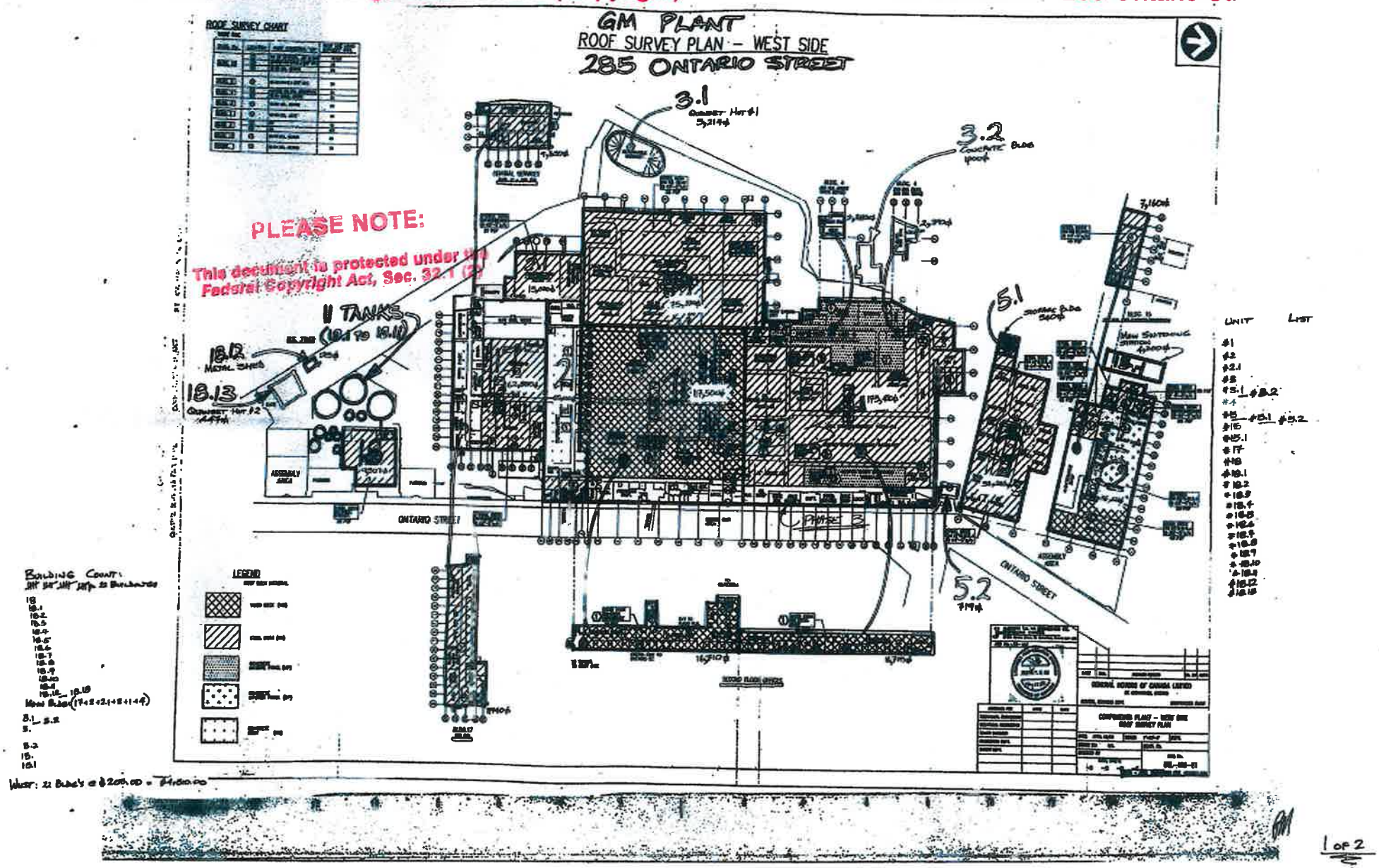
#6	GRD. FLR	= 154,000
#6	2ND FLR - MECH OFFICES	= 7,860
#6	2ND FLR - LAB + BOILER ROOM	= 15,730
#16	GRD. FLR.	= 45,000
#16	2ND FLR. - MEZZANINE	= 7860
#13	GRD. FLR	= 76,000
#13.1	GRD. FLR	= 10,833
#13.2	GRD. FLR	= 20,179
#13.2	2ND FLR OFFICES	= 11,800
		349,259 ft²

BUILDING #11: TO REMAIN = (41,116 ft²)

#11	GRD. FLR.	= 17,516
#11	2ND FLR.	= 23,600
		41,116 ft²

- BUILDING #7 = 24,085 ft²
- BUILDING #7.1 = 280 ft²
- BUILDING #7.2 = 230 ft²
- BUILDING #7.3 - SMOKE STACK = 0 ft²
- BUILDING #7.4 = 240 ft²
- OIL HOUSE (12.1) = 4455 ft²

8 DEMO PERMITS:


GM PLANT
ROOF SURVEY PLAN – WEST SIDE
285 ONTARIO STREET
ROOF SURVEY CHART
PLEASE NOTE:
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11 TANKS
18.12
18.13
3.1
3.2
5.1
5.2
ONTARIO STREET
LEGEND
UNIT LIST
BUILDING COUNT
1 OF 2

285 ONTARIO STREET: WEST BLDG
= AREA = 650,619 ⌀

· MAIN BUILDING: 550,830 ⌀

#1 - GRD FLR =	117,500
#1 - 2ND FLR MEZZ =	16,710
#2 - GRD FLR. =	45,000
#2.1 - GRD FLR. =	15,000
#3 - GRD FLR. =	75,330
#4 - GRD FLR. =	175,430
#4 - 2ND FLR. MEZZ =	16,715
#4 - 2ND FLR ABOVE TRUCK REPAIR =	2,385
#4 - 2ND FLR ELEC. RM =	2,390
#17 - GRD FLR =	62,880
#17 - 2ND FLR =	11,940
#17 - 3RD FLR =	9,550
	550,830

· BUILDING (#18): 9,507 ⌀

11 TANKS (18.1 TO 18.11) = NO SQ.FT = 0 SQ.FT

· METAL SHED (18.12): 125 ⌀

· QUANSET HUT (18.13): 447 ⌀

· QUANSET HUT (3.1): 5,214 ⌀

· CONCRETE BLDG (3.2): 1,000 ⌀

· BUILDING 5 + 5.1: 34,785 ⌀

#5 =	34,245
#5.1 =	540
	34,785

· BUILDING 5.2: 719 ⌀

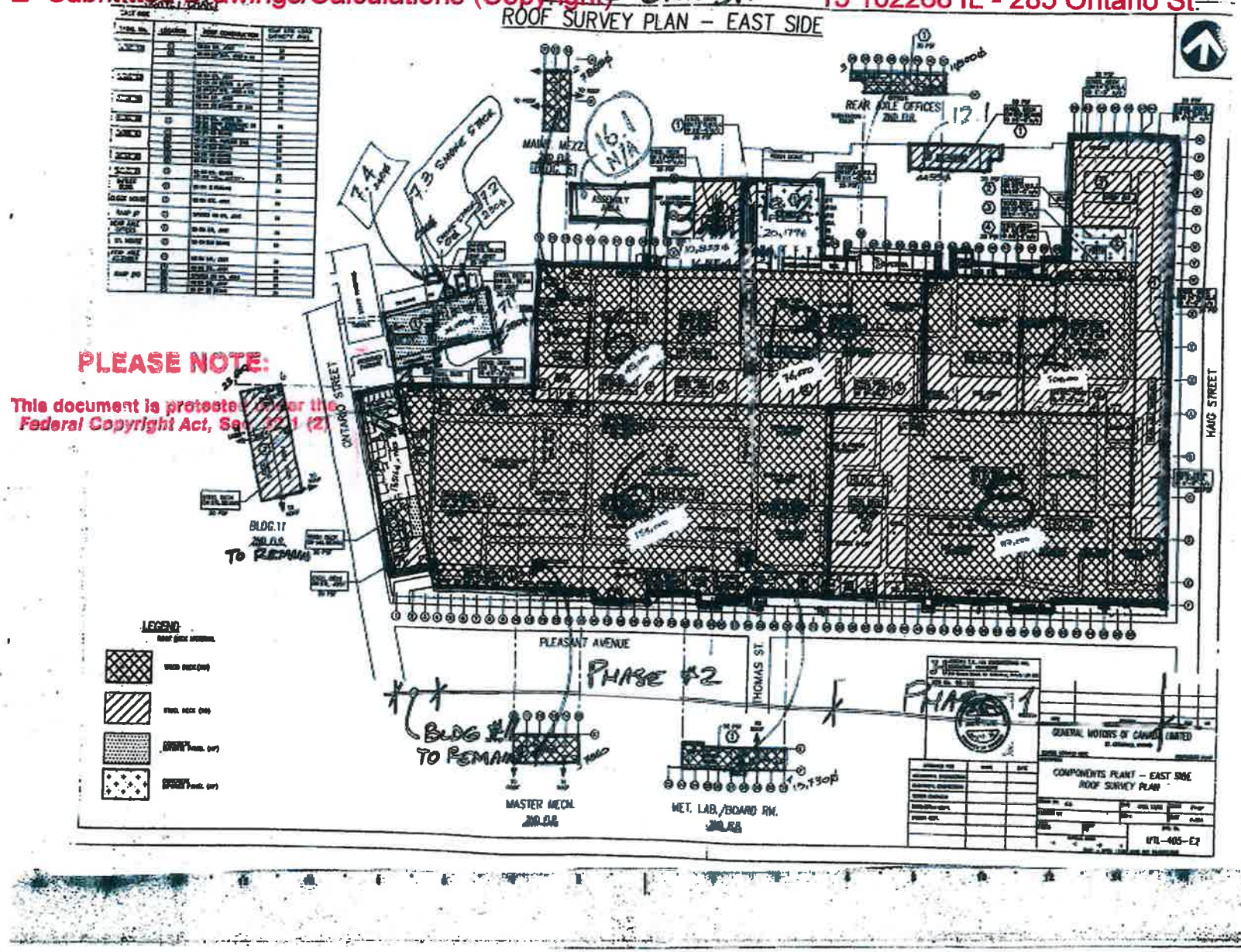
· BUILDING 15: 43,792 ⌀

#15 - GRD. FLR =	36,632
#15 - 2ND FLR =	7,160
	43,792

· MAIN SWITCHING BUILDING (15.1): = 4200 ⌀

21 DEMO PERMITS
↳ 11 DEMO PERMITS (LUMP 11 TANKS INTO 1 DEMO PERMIT)

"E" Submitted Drawings/Calculations (Copyright) 282 ONT. ST. 15 102268 IL - 285 Ontario St.



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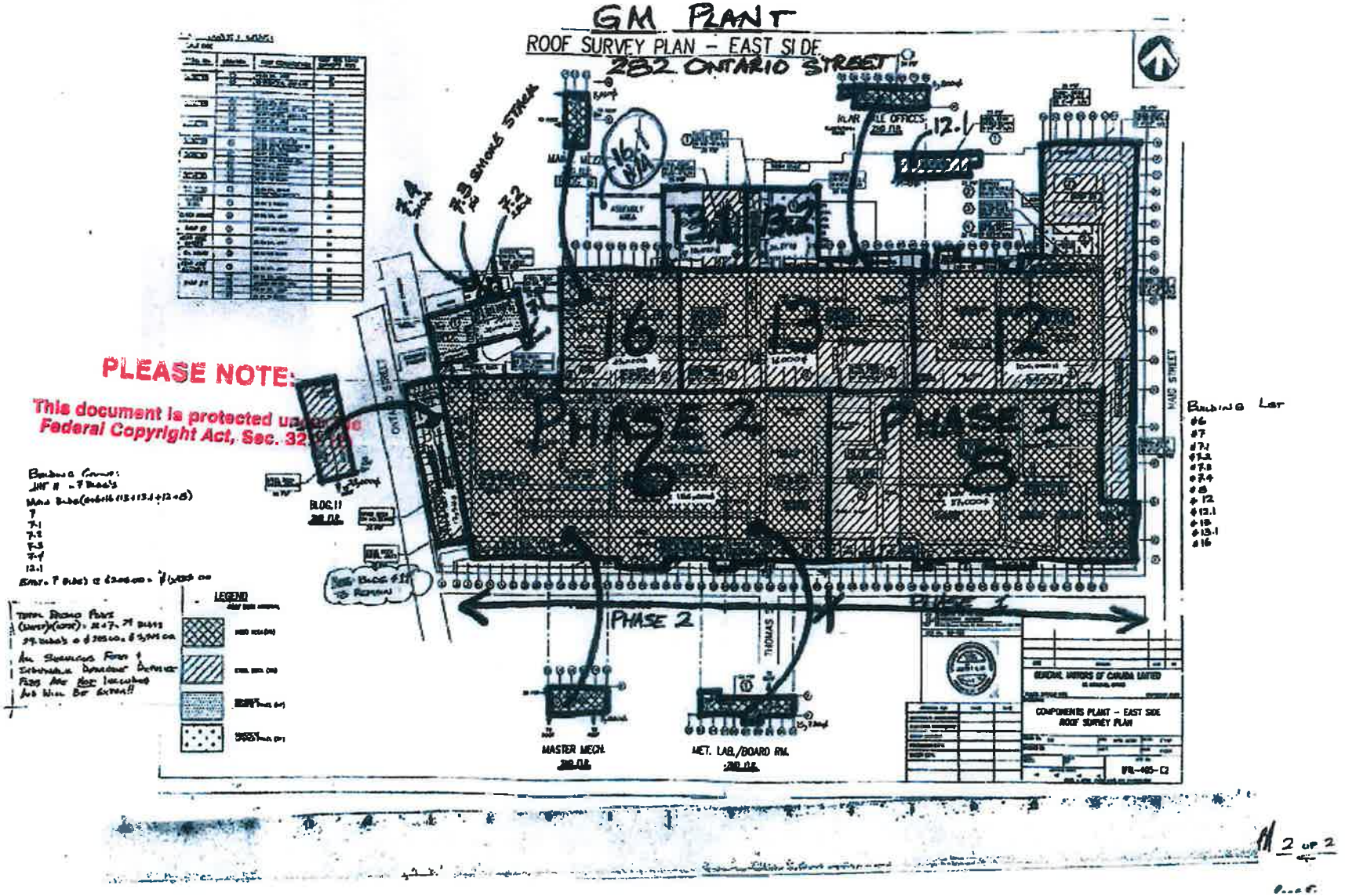
GM PLANT
ROOF SURVEY PLAN – EAST SIDE
282 ONTARIO STREET
PHASE 2
PHASE 1
PHASE 2
MASTER MECH.
MET. LAB./BOARD RM.
COMPONENTS PLANT – EAST SIDE
ROOF SURVEY PLAN
LEGEND
PLEASE NOTE:
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282 ONTARIO STREET - EAST BLDG.

= AREA = 640,665 ft²

"E" Submitted Drawings/Calculations (Copyright) 282 Ontario Street

- MAIN BUILDING: PHASE 1 = 221,000 ft²

#8	GRD FLR	= 117,000
#12	GRD FLR	= 104,000
		221,000

- MAIN BUILDING: PHASE 2 = 349,259 ft²

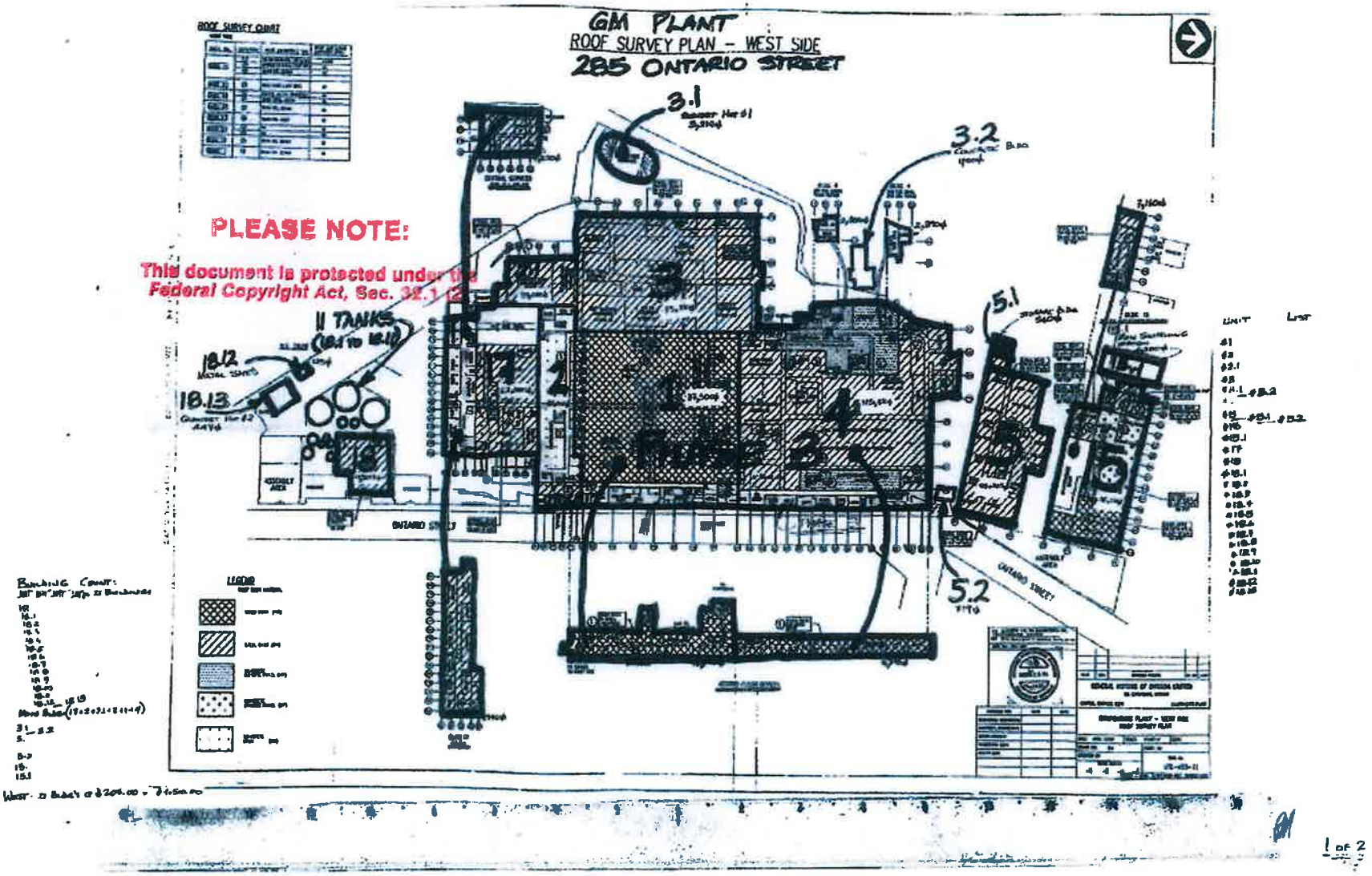
#6	GRD. FLR	= 154,000
#6	2ND FLR - MECH. OFFICES	= 7,860
#6	2ND FLR - LAB + BOARD ROOM	= 15,730
#16	GRD. FLR.	= 45,000
#16	2ND FLR - MEZZANINE	= 7860
#13	GRD. FLR	= 76,000
#13.1	GRD. FLR	= 10,833
#13.2	GRD. FLR	= 20,179
#13.2	2ND FLR. OFFICES	= 11,800
		349,259 ft²

BUILDING # 11: TO REMAIN = (41,116 ft²)

#11	GRD. FLR.	= 17,516
#11	2ND FLR.	= 23,600
		41,116 ft²

- BUILDING #7 = 24,085 ft²
- BUILDING #7.1 = 280 ft²
- BUILDING #7.2 = 230 ft²
- BUILDING #7.3 - SMOKE STACK = 0 ft²
- BUILDING #7.4 = 240 ft²
- OIL HOUSE (12.1) = 4455 ft²

DEMO PERMITS:



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285 ONTARIO STREET: WEST BLDG

= AREA = 650,619 ft

"E" Submitted Drawings/Calculations (Copyright) 285 Ontario Street

· MAIN BUILDING: 550,830 ft

#1 - GRD FLR =	117,500
#1 - 2ND FLR MEZZ =	16,710
#2 - GRD FLR. =	45,000
#2.1 - GRD FLR. =	15,000
#3 - GRD FLR. =	75,330
#4 - GRD FLR. =	179,430
#4 - 2ND FLR. MEZZ =	16,715
#4 - 2ND FLR ABOVE TRUCK PLATFORM =	2,385
#4 - 2ND FLR ELEC. RM =	2,390
#17 - GRD FLR =	62,880
#17 - 2ND FLR =	11,940
#17 - 3RD FLR =	9,550
	550,830

· BUILDING (#18): 9,507 ft

· 11 TANKS (18.1 TO 18.11) - NO SQ.FT = 0 SQ.FT

· METAL SHED (18.12): 125 ft

· QUANSET HUT (18.13): 447 ft

· QUANSET HUT (3.1): 5,214 ft

· CONCRETE BLDG (3.2): 1,000 ft

· BUILDING 5 + 5.1: 34,785 ft

#5 =	34,245
#5.1 =	540
	34,785

· BUILDING 5.2: 719 ft

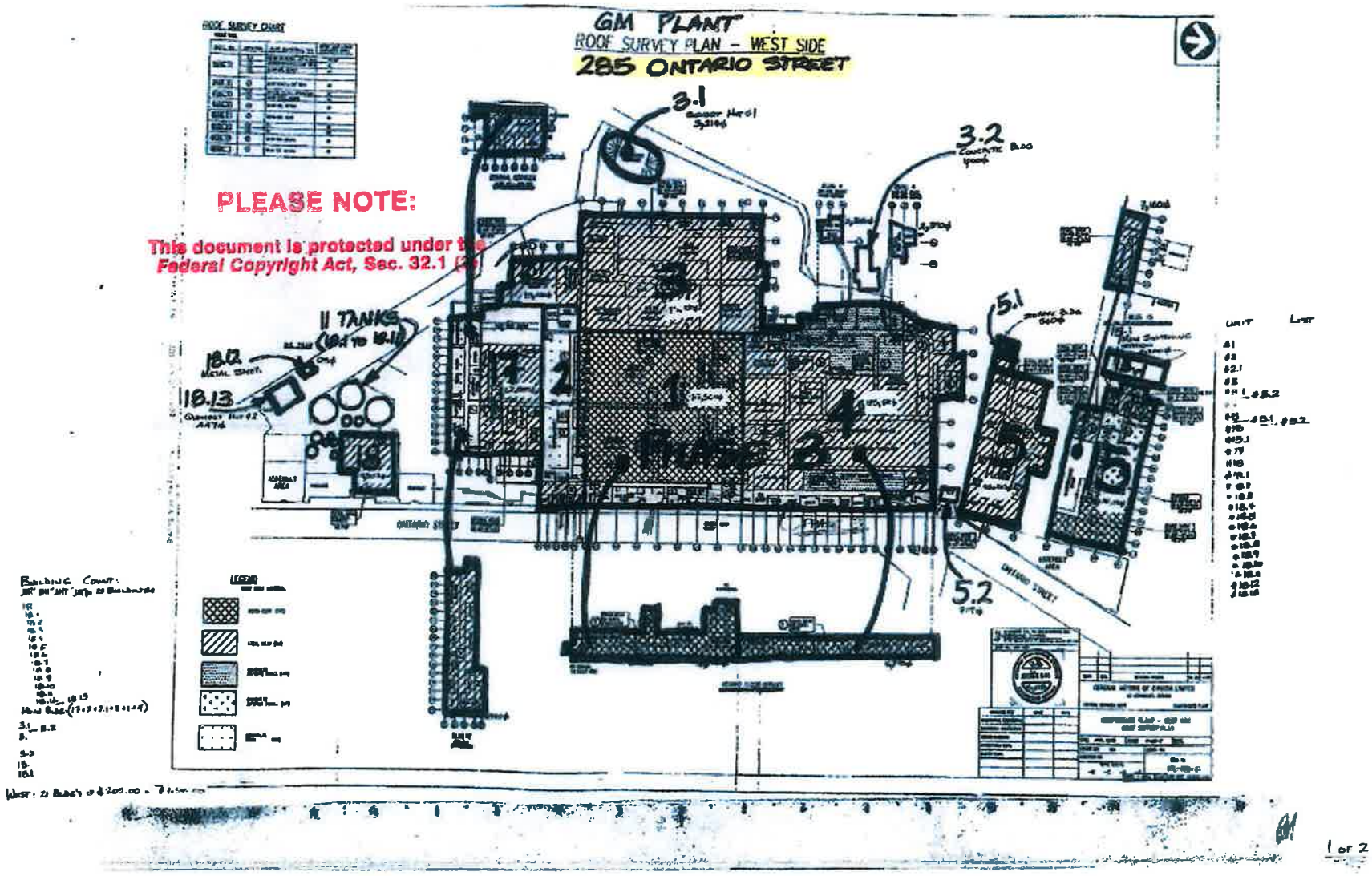
· BUILDING 15: 43,742 ft

#15 - GRD. FLR =	36,632
#15 - 2ND FLR =	7,160
	43,742

· MAIN SWITCHING BUILDING (15.1): 4200 ft

21 DEMO PERMITS

↳ 11 DEMO PERMITS (LUMP 11 TANKS INTO 1 DEMO PERMIT)


GM PLANT
ROOF SURVEY PLAN - WEST SIDE
285 ONTARIO STREET
PLEASE NOTE:
This document is protected under the
Federal Copyright Act, Sec. 32.1
11 TANKS
3.1
3.2
5.1
5.2
18.12
18.13
ONTARIO STREET
LEGEND
1 or 2

285 ONTARIO STREET: WEST BLDG

= AREA = 650,619 ft

15 102268 IL · MAIN BUILDING: 550,830 ft

E Submitted Drawings/Calculations (Copyright) 285 Ontario Street

(PHASE 5)

#1 - GRD FLR =	117,500
#1 - 2ND FLR MEZZ =	16,710
#2 - GRD FLR =	45,000
#2.1 - GRD FLR =	15,000
#3 - GRD FLR =	75,330
#4 - GRD FLR =	179,430
#4 - 2ND FLR. MEZZ =	16,715
#4 - 2ND FLR ABOVE TRUCK PARKING =	2,385
#4 - 2ND FLR ELEC. RM =	2,390
#17 - GRD FLR =	62,880
#17 - 2ND FLR =	11,940
#17 - 3RD FLR =	9,550
	550,830

15 102269 IL · BUILDING (#18): 9507 ft

15 102270 IL · 11 TANKS (18.1 TO 18.11) - NO SQ.FT = 0 SQ.FT

15 102272 IL · METAL SHED (18.12): 125 ft

15 102273 IL · QUANSET HUT #1 (18.13): 447 ft

15 102274 IL · QUANSET HUT #2 (3.1): 5,214 ft

15 102276 IL · CONCRETE BLDG (3.2): 1,000 ft

15 102277 IL · BUILDING 5 + 5.1: 34,785 ft

#5 :	34,245
#5.1 :	540
	34,785

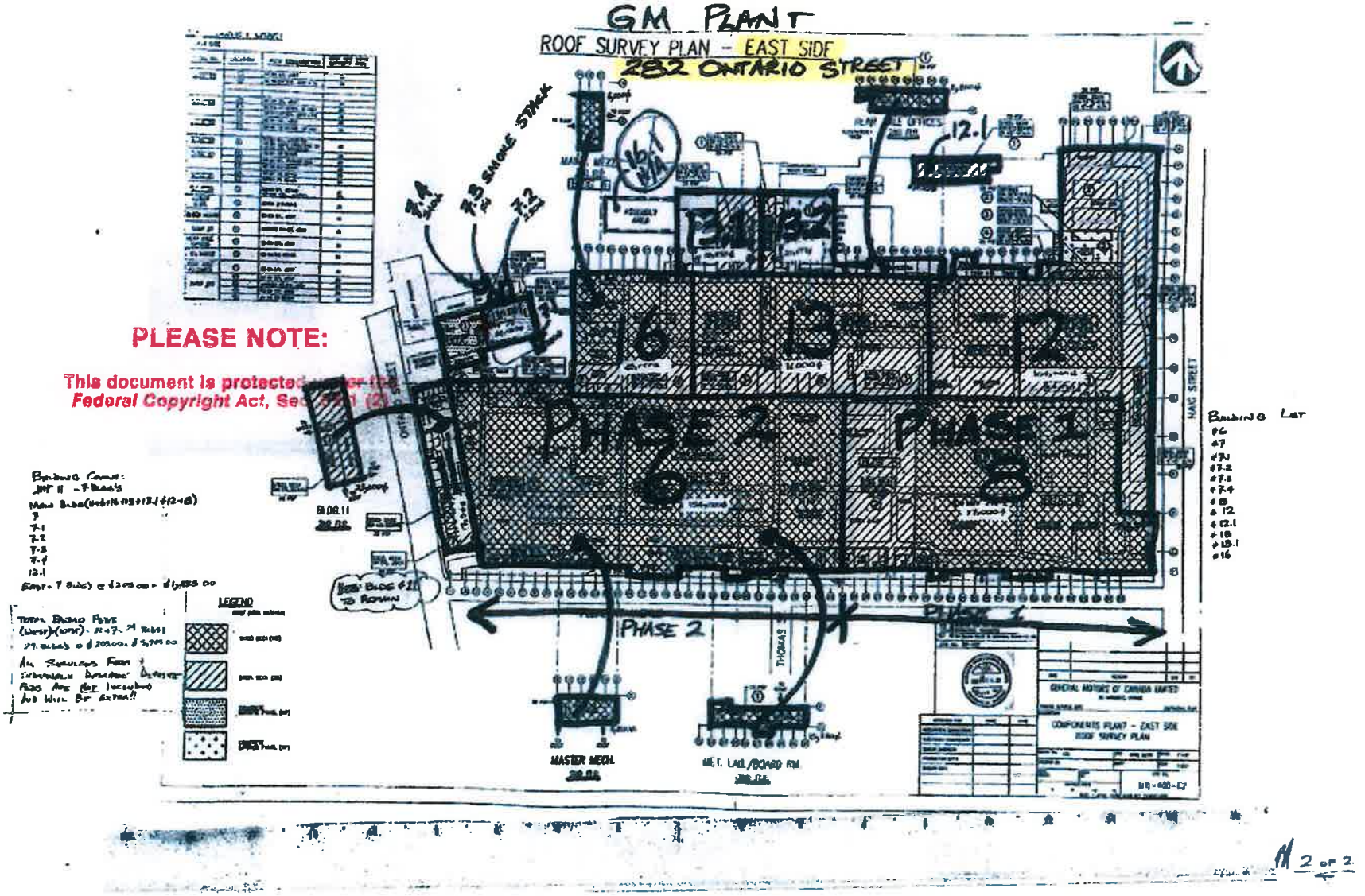
15 102278 IL · BUILDING 5.2: 719 ft

15 102279 IL · BUILDING 15: 43,792 ft

#15 - GRD. FLR =	36,632
#15 - 2ND FLR =	7,160
	43,792

15 102280 IL · MAIN SWITCHING BUILDING (15.1): 4200 ft

21 DEMO PERMITS
↳ 11 DEMO PERMITS (LUMP 11 TANKS INTO 1 DEMO PERMIT)



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282 ONTARIO STREET - EAST BLDG.
= AREA = 640,665 ft²

"E" Submitted Drawings/Calculations (Copyright) 285 Ontario Street

MAIN BUILDINGS

15 102258 IL MAIN BUILDING: PHASE 1 = 221,000 ft²

#8	GRD FLR	= 117,000
#12	GRD FLR	= 104,000
		221,000

15 102259 IL MAIN BUILDING: PHASE 2 = 349,259 ft²

#6	GRD FLR	= 154,000
#6	2ND FLR - MECH OFFICES	= 7,860
#6	2ND FLR - LAB / BOARD ROOM	= 15,730
#16	GRD FLR.	= 45,000
#16	2ND FLR - MEZZANINE	= 7860
#13	GRD FLR	= 76,000
#13.1	GRD FLR	= 10,833
#13.2	GRD FLR	= 20,179
#13.2	2ND FLR OFFICES	= 11,800
		349,259 ft²

NOTE: * BUILDING #11: TO REMAIN = (41,116 ft²)

#11	GRD FLR.	= 17,516
#11	2ND FLR.	= 23,600
		41,116 ft²

15 102260 IL · BUILDING #7.1 = 24,085 ft²

15 102261 IL · BUILDING #7.1 = 280 ft²

15 102262 IL · BUILDING #7.2 = 230 ft²

15 102263 IL · BUILDING #7.3 - SMOKE STACK = 0 ft²

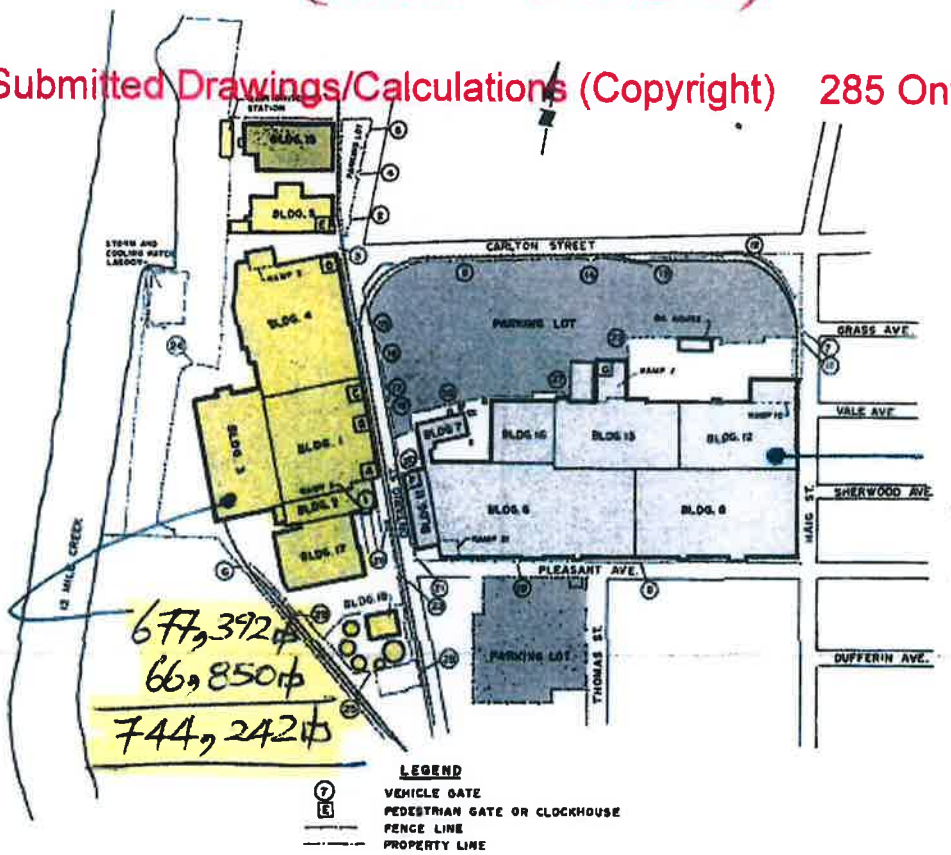
15 102264 IL · BUILDING #7.4 = 240 ft²

15 102266 IL · OIL HOUSE (12.1) = 4455 ft²

8 DEMO PERMITS:

285 ONTARIO STREET (WEST BLDG'S)

"E" Submitted Drawings/Calculations (Copyright) 285 Ontario Street



LEGEND

- VEHICLE GATE
- PEDESTRIAN GATE OR CLOCKHOUSE
- FENCE LINE
- PROPERTY LINE

VEHICLE GATES

1 S.E. CORNER OF BLDG. 2 (RAMP)
2 ONTARIO STREET (FORGE PARKING LOT)
3 N.E. CORNER OF BLDG. 4 (ENTRANCE TO RAMP 5)
4 N.E. OF BLDG. 5 (FORGE PARKING LOT)
5 N.E. OF BLDG. 15 (DIE SHOP PARKING LOT)
6 S.W. OF BLDG. 3 (RAILWAY SIDING)
7 N.E. OF BLDG. 12 (PARKING LOT)
8 PLEASANT AVENUE TEST CAR
9 CARLTON STREET (PARKING LOT)
10 NORTH OF POWER HOUSE
11 N.E. CORNER OF BLDG. 12 (RAILWAY SIDING)
12 CARLTON & HAIG STREET (RAILWAY SIDING)
13 CARLTON STREET (RAILWAY SIDING)
14 CARLTON STREET (PARKING LOT)
15 ONTARIO STREET (PARKING LOT)
16 ONTARIO STREET (PARKING LOT)
17 ONTARIO STREET (PARKING LOT, SALARY)
18 ONTARIO STREET (PARKING LOT, VISITORS)
19 PLEASANT AVENUE, SOUTH OF BLDG. 6
20 ONTARIO STREET (TRUCKS TO POWER HOUSE)
21 ONTARIO STREET (TRUCK RAMP)
22 RAMP 7 TRUCK ENTRANCE
23 S. OF BLDG. 2 (EXIT FROM RAMP 1)
24 N. OF BLDG. 3
25 S. OF BLDG. 18
26 S. OF BLDG. 2 (ENTRANCE TO RAMP 1)
27 N. OF BLDG. 15
28 PARKING LOT ENTRANCE, S. OF L.W.T PLANT
29 S.W. OF BLDG 17

PEDESTRIAN ENTRANCES

A N.E. CORNER OF BLDG. 2
B E. WALL OF BLDG. 1 (MAIN OFFICE ENTRANCE)
C N.E. CORNER OF BLDG. 1 (MAIN CLOCKHOUSE)
D N.E. CORNER OF BLDG. 4
E S.E. CORNER OF BLDG. 5 (CLOCKHOUSE FORGE & DIE)
F N.W. CORNER OF BLDG. 11 (EAST SIDE CLOCKHOUSE)
G RAMP 7 CLOCKHOUSE

LAND

OWNED 53.73 ACRES

BUILDINGS

BLDG. 3	75,333 sq. ft.
BLDG'S. 1, 2 & 4	352,925 sq. ft.
BLDG. 5	34,245 sq. ft.
BLDG. 15	34,365 sq. ft.
BLDG. 7	24,085 sq. ft.
BLDG'S 6, 8, 11, 12, 13 & 16	543,395 sq. ft.
BLDG. 17	62,850 sq. ft.
BLDG. 18	77,726 sq. ft.
OIL HOUSE	3,233 sq. ft.
MAIN SWITCHING STATION	4,200 sq. ft.
STORAGE BLDG.	8,490 sq. ft.
TOTAL	1,220,787 sq. ft. + 133,700 (MEZZANES)

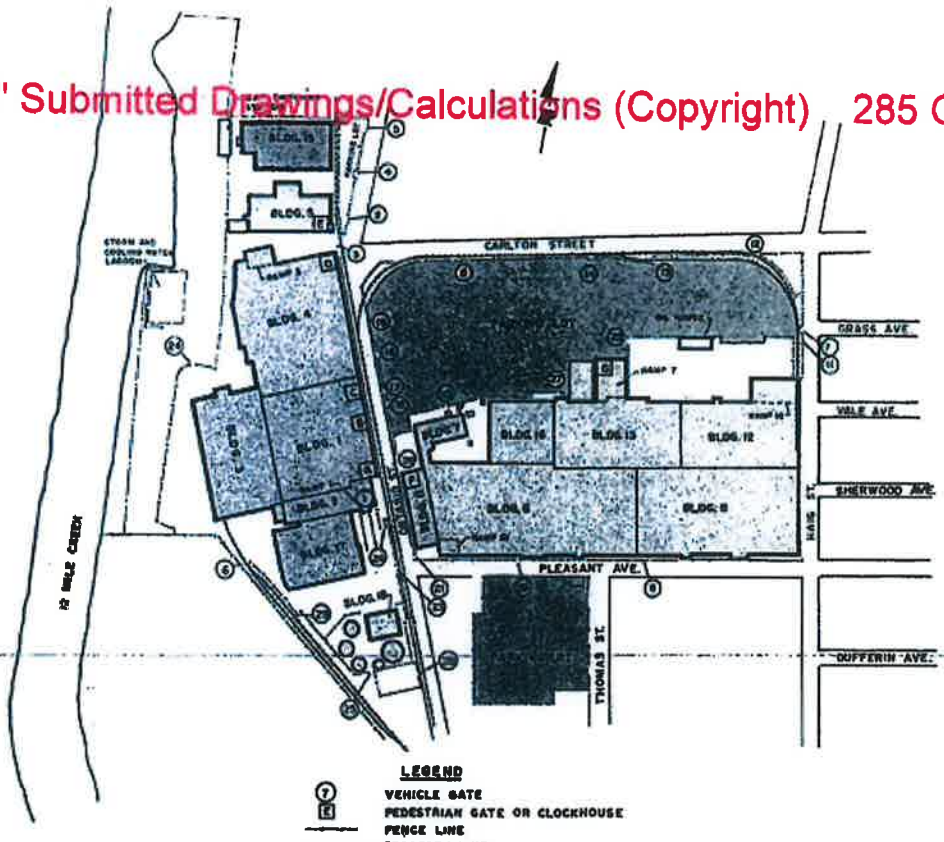
19 (WEST) + 7 (EAST) = 26 BLDG'S @ $200.00 = $5200.00
(1 SMOKE STACK)
(11 TANKS)

TOTAL AREA = 1,354,487 ft

GENERAL MOTORS OF CANADA LTD.
ST. CATHARINES AXLE PLANT

SCALE 1" = 200'-0"
DATE 16 NOV. 82

"E" Submitted Drawings/Calculations (Copyright) 285 Ontario Street



LEGEND

- VEHICLE GATE
- PEDESTRIAN GATE OR CLOCKHOUSE
- FENCE LINE
- PROPERTY LINE

VEHICLE GATES

1 S.E. CORNER OF BLDG. 2 (RAMP)
2 ONTARIO STREET (FORGE PARKING LOT)
3 N.E. CORNER OF BLDG. 4 (ENTRANCE TO RAMP 3)
4 N.E. OF BLDG. 6 (FORGE PARKING LOT)
5 N.E. OF BLDG. 15 (DIE SHOP PARKING LOT)
6 S.W. OF BLDG. 3 (RAILWAY SIDING)
7 N.E. OF BLDG. 12 (PARKING LOT)
8 PLEASANT AVENUE TEST CAR
9 CARLTON STREET (PARKING LOT)
10 NORTH OF POWER HOUSE
11 N.E. CORNER OF BLDG. 12 (RAILWAY SIDING)
12 CARLTON & MAIN STREET (RAILWAY SIDING)
13 CARLTON STREET (RAILWAY SIDING)
14 CARLTON STREET (PARKING LOT)
15 ONTARIO STREET (PARKING LOT)
16 ONTARIO STREET (PARKING LOT)
17 ONTARIO STREET (PARKING LOT, SALARY)
18 ONTARIO STREET (PARKING LOT, VISITORS)
19 PLEASANT AVENUE, SOUTH OF BLDG. 6
20 ONTARIO STREET (TRUCKS TO POWER HOUSE)
21 ONTARIO STREET (TRUCK RAMP)
22 RAMP 7 TRUCK ENTRANCE
23 S. OF BLDG. 2 (EXIT FROM RAMP 1)
24 N. OF BLDG. 3
25 S. OF BLDG. 15
26 S. OF BLDG. 2 (ENTRANCE TO RAMP 1)
27 N. OF BLDG. 13
28 PARKING LOT ENTRANCE, S. OF L.M.T. PLANT
29 S.W. OF BLDG. 17

PEDESTRIAN ENTRANCES

A N.E. CORNER OF BLDG. 2
B E. WALL OF BLDG. 1 (MAIN OFFICE ENTRANCE)
C N.E. CORNER OF BLDG. 1 (MAIN CLOCKHOUSE)
D N.E. CORNER OF BLDG. 4
E S.E. CORNER OF BLDG. 5 (CLOCKHOUSE FORGE & DIE)
F N.W. CORNER OF BLDG. 11 (EAST SIDE CLOCKHOUSE)
G RAMP 7 CLOCKHOUSE

LAND

OWNED 83.73 ACRES

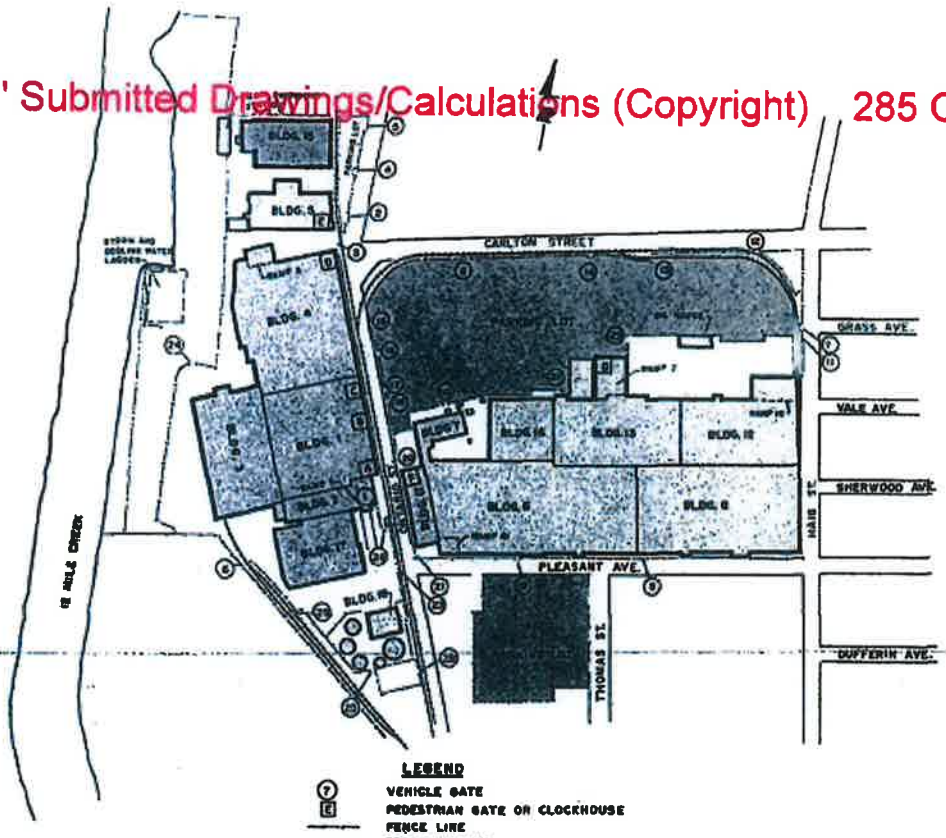
BUILDINGS

BLDG. 3	75,330 sq. ft.
BLDG'S. 1, 2 & 4	352,925 sq. ft.
BLDG. 5	34,345 sq. ft.
BLDG. 15	34,368 sq. ft.
BLDG. 7	24,085 sq. ft.
BLDG'S 6, 8, 11, 12, 13 & 16	343,395 sq. ft.
BLDG. 17	62,850 sq. ft.
BLDG. 18	77,726 sq. ft.
OIL HOUSE	3,233 sq. ft.
MAIN SWITCHING STATION	4,200 sq. ft.
STORAGE BLDG.	5,400 sq. ft.
TOTAL	1,220,787 sq. ft.

GENERAL MOTORS OF CANADA LTD.
ST. CATHARINES AXLE PLANT

SCALE 1" = 200'-0"
DATE 18 NOV. 82

"E" Submitted Drawings/Calculations (Copyright) 285 Ontario Street



VEHICLE GATES

1 S.E. CORNER OF BLDG. 2 (RAMP)
2 ONTARIO STREET (FORGE PARKING LOT)
3 N.E. CORNER OF BLDG. 4 (ENTRANCE TO RAMP 3)
4 N.E. OF BLDG. 5 (FORGE PARKING LOT)
5 N.E. OF BLDG. 15 (DIE SHOP PARKING LOT)
6 S.W. OF BLDG. 3 (RAILWAY SIDING)
7 N.E. OF BLDG. 12 (PARKING LOT)
8 PLEASANT AVENUE TEST CAR
9 CARLTON STREET (PARKING LOT)
10 NORTH OF POWER HOUSE
11 N.E. CORNER OF BLDG. 12 (RAILWAY SIDING)
12 CARLTON & MAIN STREET (RAILWAY SIDING)
13 CARLTON STREET (RAILWAY SIDING)
14 CARLTON STREET (PARKING LOT)
15 ONTARIO STREET (PARKING LOT)
16 ONTARIO STREET (PARKING LOT)
17 ONTARIO STREET (PARKING LOT, SALARY)
18 ONTARIO STREET (PARKING LOT, VISITORS)
19 PLEASANT AVENUE, SOUTH OF BLDG. 6
20 ONTARIO STREET (TRUCKS TO POWER HOUSE)
21 ONTARIO STREET (TRUCK RAMP)
22 RAMP 7 TRUCK ENTRANCE
23 S. OF BLDG. 2 (EXIT FROM RAMP 1)
24 N. OF BLDG. 3
25 S. OF BLDG. 15
26 S. OF BLDG. 2 (ENTRANCE TO RAMP 1)
27 N. OF BLDG. 13
28 PARKING LOT ENTRANCE, S. OF L.W.T. PLANT
29 S.W. OF BLDG. 17

PEDESTRIAN ENTRANCES

A N.E. CORNER OF BLDG. 2
B E. WALL OF BLDG. 1 (MAIN OFFICE ENTRANCE)
C N.E. CORNER OF BLDG. 1 (MAIN CLOCKHOUSE)
D N.E. CORNER OF BLDG. 4
E S.E. CORNER OF BLDG. 5 (CLOCKHOUSE FORGE & DIE)
F N.W. CORNER OF BLDG. 11 (EAST SIDE CLOCKHOUSE)
G RAMP 7 CLOCKHOUSE

LAND

OWNED 83.73 ACRES

BUILDINGS

BLDG. 3	75,333 sq. ft.
BLDGS. 1, 2 & 4	352,925 sq. ft.
BLDG. 5	34,265 sq. ft.
BLDG. 15	34,365 sq. ft.
BLDG. 7	24,066 sq. ft.
BLDGS. 6, 8, 11, 12, 13 & 16	543,395 sq. ft.
BLDG. 17	62,880 sq. ft.
BLDG. 18	77,726 sq. ft.
OIL HOUSE	5,233 sq. ft.
MAIN SWITCHING STATION	4,200 sq. ft.
STORAGE BLDG.	8,400 sq. ft.
TOTAL	1,220,787 sq. ft.

GENERAL MOTORS OF CANADA LTD.
ST. CATHARINES AXLE PLANT

SCALE 1" = 200'-0"
DATE 16 NOV. 82

TOTAL BUILDINGS = 19

① #18

⑪ #18.1 TO #18.11 = 11 TANKS

① #18.2

"E" Submitted Drawings/Calculations (Copyright) 285 Ontario Street

① MAIN PLANT = (#1 + 2 + 2.1 + 3 + 4 + 17)

= 1 + 1.10U + 2 + 2.1 + 3 + 4 + 4.10U + 4.11U + 4.12U
(1ST OFFICES, 2ND OFFICES, 2ND TRUCK REPAIR, 2ND ELECT.)

+ 17 + 17 2ND FLR + 17 3RD FLR

① #5 + 5.1

① #5.2

① #3.1

① #15 + 15 2ND FLR

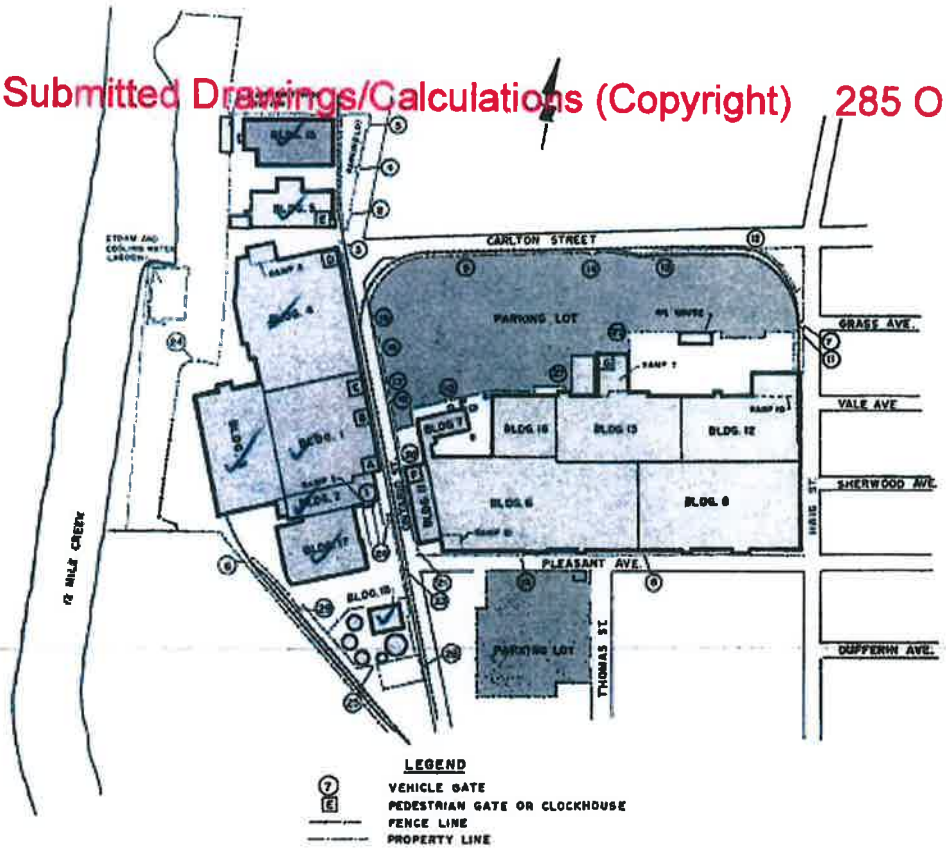
① #15.1

28 $\frac{133,700}{2 \times 28} = \frac{133700}{56} =$ 2,387.50 PER UNIT WEST

1 + 2 + 2.1 + 4
3/4 1/4 4/4
45% + 5% + 5 + 45

3932.35 PER UNIT EAST

"E" Submitted Drawings/Calculations (Copyright) 285 Ontario Street



LEGEND

- (7) VEHICLE GATE
- (E) PEDESTRIAN GATE OR CLOCKHOUSE
- FENCE LINE
- PROPERTY LINE

VEHICLE GATES

1 S.E. CORNER OF BLDG. 2 (RAMP)
2 ONTARIO STREET (FORGE PARKING LOT)
3 N.E. CORNER OF BLDG. 4 (ENTRANCE TO RAMP 3)
4 N.E. OF BLDG. 5 (FORGE PARKING LOT)
5 N.E. OF BLDG. 15 (DIE SHOP PARKING LOT)
6 S.W. OF BLDG. 8 (RAILWAY SIDING)
7 N.E. OF BLDG. 12 (PARKING LOT)
8 PLEASANT AVENUE TEST CAR
9 CARLTON STREET (PARKING LOT)
10 NORTH OF POWER HOUSE
11 N.E. CORNER OF BLDG. 12 (RAILWAY SIDING)
12 CARLTON & HAIG STREET (RAILWAY SIDING)
13 CARLTON STREET (RAILWAY SIDING)
14 CARLTON STREET (PARKING LOT)
15 ONTARIO STREET (PARKING LOT)
16 ONTARIO STREET (PARKING LOT)
17 ONTARIO STREET (PARKING LOT, SALARY)
18 ONTARIO STREET (PARKING LOT, VISITORS)
19 PLEASANT AVENUE, SOUTH OF BLDG. 6
20 ONTARIO STREET (TRUCKS TO POWER HOUSE)
21 ONTARIO STREET (TRUCK RAMP)
22 RAMP 7 TRUCK ENTRANCE
23 S. OF BLDG. 2 (EXIT FROM RAMP 1)
24 N. OF BLDG. 3
25 S. OF BLDG. 18
26 S. OF BLDG. 2 (ENTRANCE TO RAMP 1)
27 N. OF BLDG. 13
28 PARKING LOT ENTRANCE, S. OF L.W.T. PLANT
29 S.W. OF BLDG. 17

PEDESTRIAN ENTRANCES

A N.E. CORNER OF BLDG. 2
B E. WALL OF BLDG. 1 (MAIN OFFICE ENTRANCE)
C N.E. CORNER OF BLDG. 1 (MAIN CLOCKHOUSE)
D N.E. CORNER OF BLDG. 4
E S.E. CORNER OF BLDG. 5 (CLOCKHOUSE FORGE & DIE)
F N.W. CORNER OF BLDG. 11 (EAST SIDE CLOCKHOUSE)
G RAMP 7 CLOCKHOUSE

LAND

OWNED 83.73 ACRES

BUILDINGS

BLDG. 2	73,333 sq. ft.
BLDG'S. 1, 2 & 4	352,925 sq. ft.
BLDG. 6	34,245 sq. ft.
BLDG. 15	34,365 sq. ft.
BLDG. 7	24,085 sq. ft.
BLDG'S 6, 8, 11, 12, 13 & 16	543,398 sq. ft.
BLDG. 17	82,880 sq. ft.
BLDG. 18	77,726 sq. ft.
OIL HOUSE	3,833 sq. ft.
MAIN SWITCHING STATION	4,200 sq. ft.
STORAGE BLDG.	8,400 sq. ft.
TOTAL	1,220,787 sq. ft.

9507 d

19 (WEST) + 7 (EAST) = 26 BLDG's @ $200.00 = $5200.00
(11 TANKS) (1 SMOKE STACK)

GENERAL MOTORS OF CANADA LTD.
ST. CATHARINES AXLE PLANT

SCALE 1" = 200'-0"
DATE 16 NOV. 82

BUDGET
ENVIRONMENTAL DISPOSAL INC.

Ashley Tammings
Demolition Coordinator
ashley@budgetbin.ca

"E" Submitted Drawings/Calculations (Copyright) 285 Ontario Street

375 GAGE AVE NORTH
HAMILTON ON L8L 7B1
www.budgetbin.ca

office: 905.312.9506
cell: 905-961-0448

BUDGET
ENVIRONMENTAL DISPOSAL INC.

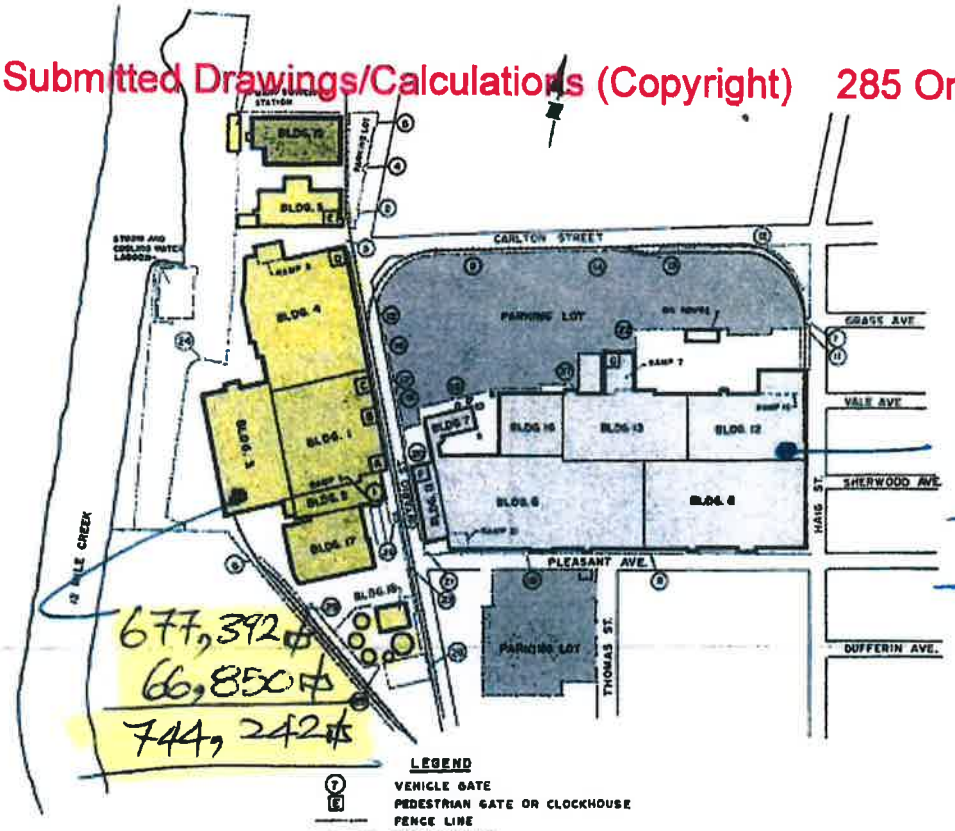
Christina Kepic-Murray
Demo Estimator / Project Coordinator
christina@budgetbin.ca

375 GAGE AVE NORTH
HAMILTON ON L8L 7B1
www.budgetbin.ca

office: 905.312.9506
direct: 905.312.8880
cell: 905.961.0084

285 ONTARIO STREET (WEST BLDG'S)

"E" Submitted Drawings/Calculations (Copyright) 285 Ontario Street



543,395 ft
66,850 ft
610,245 ft

677,392 ft
66,850 ft
744,242 ft

VEHICLE GATES

1 S.E. CORNER OF BLDG. 2 (RAMP)
2 ONTARIO STREET (FORGE PARKING LOT)
3 N.E. CORNER OF BLDG. 4 (ENTRANCE TO RAMP 3)
4 N.E. OF BLDG. 5 (FORGE PARKING LOT)
5 N.E. OF BLDG. 15 (DIE SHOP PARKING LOT)
6 S.W. OF BLDG. 3 (RAILWAY SIDING)
7 N.E. OF BLDG. 12 (PARKING LOT)
8 PLEASANT AVENUE TEST CAR
9 CARLTON STREET (PARKING LOT)
10 NORTH OF POWER HOUSE
11 N.E. CORNER OF BLDG. 12 (RAILWAY SIDING)
12 CARLTON & HAIG STREET (RAILWAY SIDING)
13 CARLTON STREET (RAILWAY SIDING)
14 CARLTON STREET (PARKING LOT)
15 ONTARIO STREET (PARKING LOT)
16 ONTARIO STREET (PARKING LOT)
17 ONTARIO STREET (PARKING LOT, SALARY)
18 ONTARIO STREET (PARKING LOT, VISITORS)
19 PLEASANT AVENUE, SOUTH OF BLDG. 6
20 ONTARIO STREET (TRUCKS TO POWER HOUSE)
21 ONTARIO STREET (TRUCK RAMP)
22 RAMP 7 TRUCK ENTRANCE
23 S. OF BLDG. 2 (EXIT FROM RAMP 1)
24 N. OF BLDG. 3
25 S. OF BLDG. 18
26 S. OF BLDG. 2 (ENTRANCE TO RAMP 1)
27 N. OF BLDG. 18
28 PARKING LOT ENTRANCE, S. OF L.W.T. PLANT
29 S.W. OF BLDG. 17

PEDESTRIAN ENTRANCES

A N.E. CORNER OF BLDG. 2
B E. WALL OF BLDG. 1 (MAIN OFFICE ENTRANCE)
C N.E. CORNER OF BLDG. 1 (MAIN CLOCKHOUSE)
D N.E. CORNER OF BLDG. 4
E S.E. CORNER OF BLDG. 5 (CLOCKHOUSE FORGE & DIE)
F N.W. CORNER OF BLDG. 11 (EAST SIDE CLOCKHOUSE)
G RAMP 7 CLOCKHOUSE

LAND

OWNED 93.75 ACRES

BUILDINGS

BLDG. 3	75,353 sq. ft.
BLDG'S. 1, 2 & 4	382,925 sq. ft.
BLDG. 5	34,245 sq. ft.
BLDG. 15	34,369 sq. ft.
BLDG. 7	24,085 sq. ft.
BLDG'S 6, 8, 11, 12, 13 & 16	543,398 sq. ft.
BLDG. 17	62,880 sq. ft.
BLDG. 18	77,726 sq. ft.
OIL HOUSE	3,233 sq. ft.
MAIN SWITCHING STATION	4,200 sq. ft.
STORAGE BLDG.	8,400 sq. ft.
TOTAL	1,220,787 sq. ft. + 133,700 (MEZZANES)

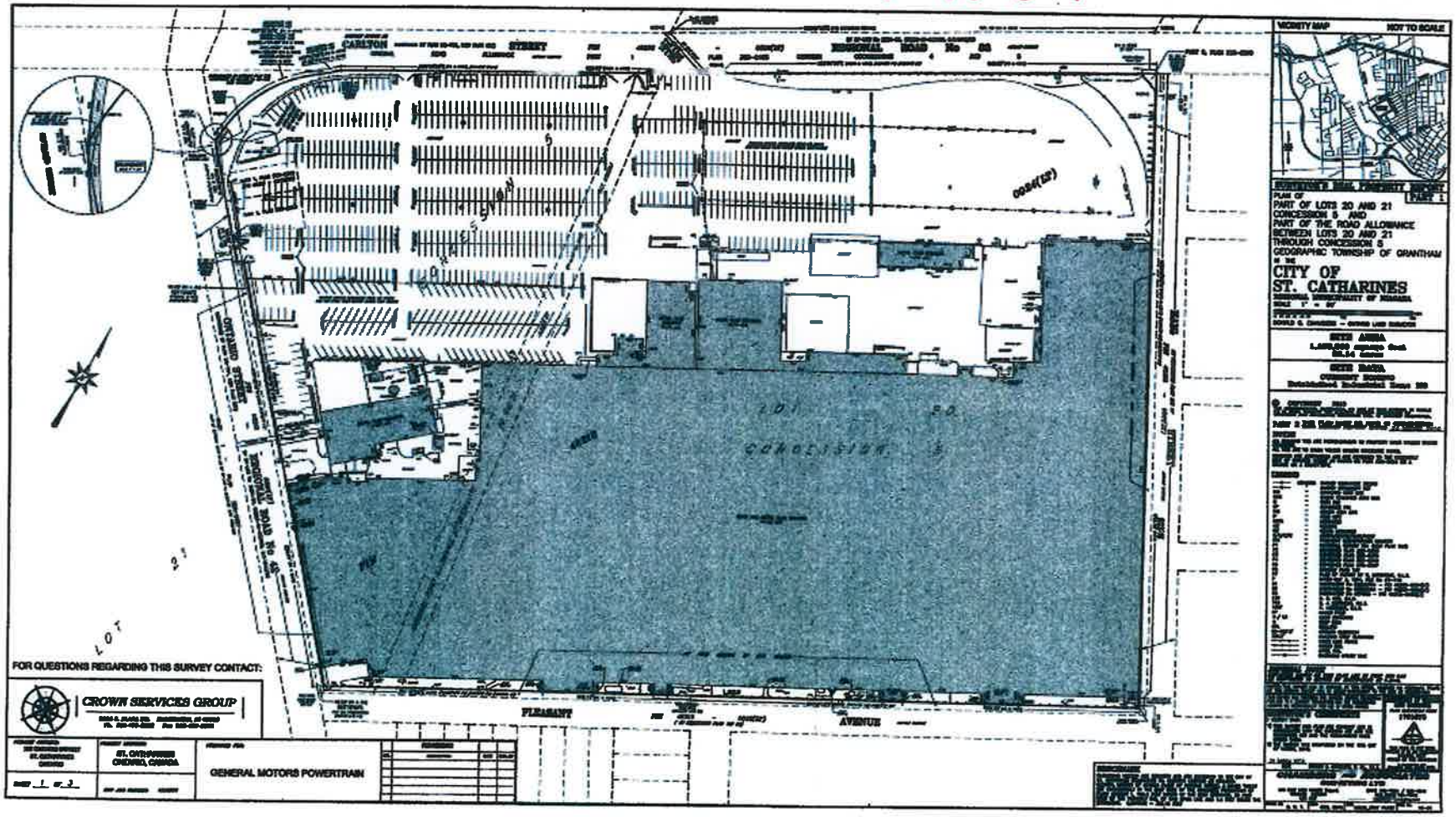
19 (WEST) + 7 (EAST) = 26 BLDG's @ $200.00 = $5200.00
(11 TANKS) (1 SMOKE STACK)

TOTAL AREA = 1,354,487 ft

GENERAL MOTORS OF CANADA LTD.
ST. CATHARINES AXLE PLANT

SCALE 1" = 200'-0"
DATE 16 NOV. 82

"E" Submitted Drawings/Calculations (Copyright) 285 Ontario Street



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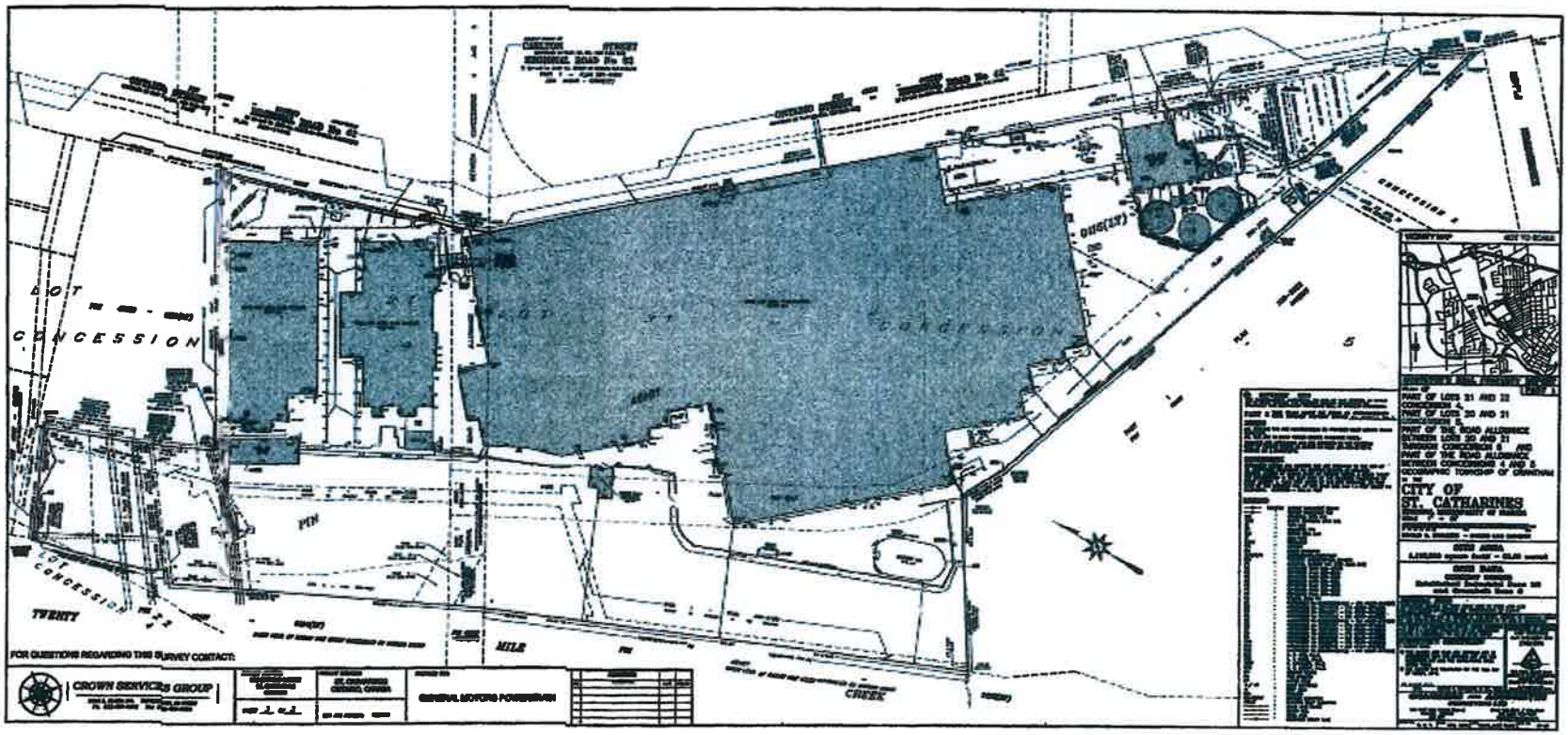
SURVEY: EAST

"E" Submitted Drawings/Calculations (Copyright) 285 Ontario Street



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SURVEY: WEST

Application for a Permit to Construct or Demolish

This form is authorized under subsection 8(1.1) of the Building Code Act

For use by Principal Authority

Application number:	Permit number (if different): 15 102269 IL
Date received: MARCH 05, 2015	Roll number:

2 of 11

Application submitted to: CITY OF ST CATHARINES
(Name of municipality, upper-tier municipality, board of health or conservation authority)

A. Project information

Building number, street name	Unit number	Lot/con.
285 Ontario Street (BLDG #18)		

Municipality	Postal code	Plan number/other description
St. Catharines	L2R0B4	

Project value est. $	Area of work (m²)
$3,700,000.00 TOTAL	(125,836 TOTAL) +/- 9,507ft²

B. Purpose of application

☐ New construction ☐ Addition to an existing building ☐ Alteration/repair ☑ Demolition ☐ Conditional Permit

Proposed use of building	Current use of building
Vacant	Industrial Buildings

Description of proposed work
Abatement and Demolition of the existing GM Plant

C. Applicant Applicant is: ☐ Owner or ☑ Authorized agent of owner

Last name	First name	Corporation or partnership	
Murray	Christina	Budget Environmental Disposal Inc.	
Street address		Unit number	Lot/con.
375 Gage Ave N			
Municipality	Postal code / Province	E-mail	
Hamilton	L8L7B1 / Ontario	ashley@budgetbin.ca	
Telephone number	Fax	Cell number	
(289) 639-9540	(905)543-0244	(905) 961-0084	

D. Owner (if different from applicant)

Last name	First name	Corporation or partnership	
Megna	Robert	BayShore International (BSI)	
Street address		Unit number	Lot/con.
282 Ontario Street			
Municipality	Postal code / Province	E-mail	
St. Catharines	L2R0B4 / Ontario		
Telephone number	Fax	Cell number	
(905) 228 1712	( )	( )	

E. Builder (optional)

Last name	First name	Corporation or partnership (if applicable)	
Street address		Unit number	Lot/con.
Municipality	Postal code / Province	E-mail	
Telephone number ( )	Fax ( )	Cell number ( )	

F. Tarion Warranty Corporation (Ontario New Home Warranty Program)

i.	Is proposed construction for a new home as defined in the *Ontario New Home Warranties Plan Act*? If no, go to section G.	☐ Yes	☑ No
ii.	Is registration required under the *Ontario New Home Warranties Plan Act*?	☐ Yes	☑ No

iii. If yes to (ii) provide registration number(s): _____

G. Required Schedules

i) Attach Schedule 1 for each individual who reviews and takes responsibility for design activities.

ii) Attach Schedule 2 where application is to construct on-site, install or repair a sewage system.

H. Completeness and compliance with applicable law

i) This application meets all the requirements of clauses 1.3.1.3 (5) (a) to (d) of Division C of the Building Code (the application is made in the correct form and by the owner or authorized agent, all applicable fields have been completed on the application and required schedules, and all required schedules are submitted).	☑ Yes	☐ No
Payment has been made of all fees that are required, under the applicable by-law, resolution or regulation made under clause 7(1)(c) of the *Building Code Act, 1992*, to be paid when the application is made.	☑ Yes	☐ No
ii) This application is accompanied by the plans and specifications prescribed by the applicable by-law, resolution or regulation made under clause 7(1)(b) of the *Building Code Act, 1992*.	☑ Yes	☐ No
iii) This application is accompanied by the information and documents prescribed by the applicable by-law, resolution or regulation made under clause 7(1)(b) of the *Building Code Act, 1992* which enable the chief building official to determine whether the proposed building, construction or demolition will contravene any applicable law.	☑ Yes	☐ No
iv) The proposed building, construction or demolition will not contravene any applicable law.	☑ Yes	☐ No

I. Declaration of applicant

I Christina Murray declare that:
(print name)

1. The information contained in this application, attached schedules, attached plans and specifications, and other attached documentation is true to the best of my knowledge.
2. If the owner is a corporation or partnership, I have the authority to bind the corporation or partnership.

Feb 27/15
Date

Signature of applicant

Personal information contained in this form and schedules is collected under the authority of subsection 8(1.1) of the *Building Code Act, 1992*, and will be used in the administration and enforcement of the *Building Code Act, 1992*. Questions about the collection of personal information may be addressed to: a) the Chief Building Official of the municipality or upper-tier municipality to which this application is being made, or, b) the inspector having the powers and duties of a chief building official in relation to sewage systems or plumbing for an upper-tier municipality, board of health or conservation authority to whom this application is made, or, c) Director, Building and Development Branch, Ministry of Municipal Affairs and Housing 777 Bay St., 2nd Floor, Toronto, M5G 2E5 (416) 585-6666.

Schedule 1: Designer Information

Use one form for each individual who reviews and takes responsibility for design activities with respect to the project.

A. Project Information

Building number, street name			Unit no.	Lot/con.
282-285 Ontario Street				
Municipality	Postal code	Plan number/ other description		
St. Catharines	L2R0B4			

B. Individual who reviews and takes responsibility for design activities

Name		Firm		
Street address			Unit no.	Lot/con.
Municipality	Postal code	Province	E-mail	
Telephone number ( )	Fax number ( )		Cell number ( )	

C. Design activities undertaken by individual identified in Section B. [Building Code Table 3.5.2.1. of Division C]

☐ House	☐ HVAC – House	☐ Building Structural
☐ Small Buildings	☐ Building Services	☐ Plumbing – House
☐ Large Buildings	☐ Detection, Lighting and Power	☐ Plumbing – All Buildings
☐ Complex Buildings	☐ Fire Protection	☐ On-site Sewage Systems

Description of designer's work

D. Declaration of Designer

I _____ declare that (choose one as appropriate):
(print name)

☐ I review and take responsibility for the design work on behalf of a firm registered under subsection 3.2.4.of Division C, of the Building Code. I am qualified, and the firm is registered, in the appropriate classes/categories.

Individual BCIN: _____

Firm BCIN: _____

☐ I review and take responsibility for the design and am qualified in the appropriate category as an "other designer" under subsection 3.2.5.of Division C, of the Building Code.

Individual BCIN: _____

Basis for exemption from registration: _____

☐ The design work is exempt from the registration and qualification requirements of the Building Code.

Basis for exemption from registration and qualification: _____

I certify that:

1. The information contained in this schedule is true to the best of my knowledge.
2. I have submitted this application with the knowledge and consent of the firm.

_____ _____
Date Signature of Designer

NOTE:

1. For the purposes of this form, "individual" means the "person" referred to in Clause 3.2.4.7(1) d).of Division C, Article 3.2.5.1. of Division C, and all other persons who are exempt from qualification under Subsections 3.2.4. and 3.2.5. of Division C.
2. Schedule 1 is not required to be completed by a holder of a license, temporary license, or a certificate of authorization, issued by the Ontario Association of Architects. Schedule 1 is also not required to be completed by a holder of a license to practise, a limited license to practise, or a certificate of authorization, issued by the Association of Professional Engineers of Ontario.

Schedule 2: Sewage System Installer Information

A. Project Information

Building number, street name		Unit number	Lot/con.
282-285 Ontario Street			
Municipality	**Postal code**	**Plan number/ other description**	
St. Catharines	L2R0B4		

B. Sewage system installer

Is the installer of the sewage system engaged in the business of constructing on-site, installing, repairing, servicing, cleaning or emptying sewage systems, in accordance with Building Code Article 3.3.1.1, Division C?

☐ Yes (Continue to Section C) ☐ No (Continue to Section E) ☐ Installer unknown at time of application (Continue to Section E)

C. Registered installer information (where answer to B is "Yes")

Name			BCIN	
Street address			Unit number	Lot/con.
Municipality	Postal code	Province	E-mail	
Telephone number ( )	Fax ( )		Cell number ( )	

D. Qualified supervisor information (where answer to section B is "Yes")

Name of qualified supervisor(s)	Building Code Identification Number (BCIN)

E. Declaration of Applicant

I _____ declare that:
(print name)

☐ I am the applicant for the permit to construct the sewage system. If the installer is unknown at time of application, I shall submit a new Schedule 2 prior to construction when the installer is known;

OR

☐ I am the holder of the permit to construct the sewage system, and am submitting a new Schedule 2, now that the installer is known.

I certify that:

1. The information contained in this schedule is true to the best of my knowledge.
2. If the owner is a corporation or partnership, I have the authority to bind the corporation or partnership.

_____ _____
Date Signature of applicant

THE CORPORATION OF THE
CITY OF ST. CATHARINES

www.stcatharines.ca

PO Box 3012, 50 Church Street
St. Catharines, ON L2R 7C2
Tel : 905.688.5600 | Fax: 905.688-5873
TTY: 905.688.4TTY (4889)

Building and Development

Building Permit Application – Supplemental Information

(MUST BE SUBMITTED WITH THE 'APPLICATION TO CONSTRUCT OR DEMOLISH')

A. Project Information

Building number, street name		Unit Number	Lot / Con
282-285 Ontario Street			
Municipality	**Postal Code**	**Plan number / other description**	
St. Catharines	L2R0B4		

B. Master Plumber ☐ **Plumbing Contractor** ☐

Last name	First name	Corporation or partnership	
Street Address		**Unit Number**	
Municipality	**Postal Code**	**Province**	**email**
Telephone Number	**Fax Number**	**Cell Number**	

C. HVAC Installer

Last name	First name	Corporation or partnership	
Street Address		**Unit Number**	
Municipality	**Postal Code**	**Province**	**email**
Telephone Number	**Fax Number**	**Cell Number**	

D. Tenant Information

Last name	First name	Corporation or partnership	
Street Address		**Unit Number**	
Municipality	**Postal Code**	**Province**	**email**
Telephone Number	**Fax Number**	**Cell Number**	

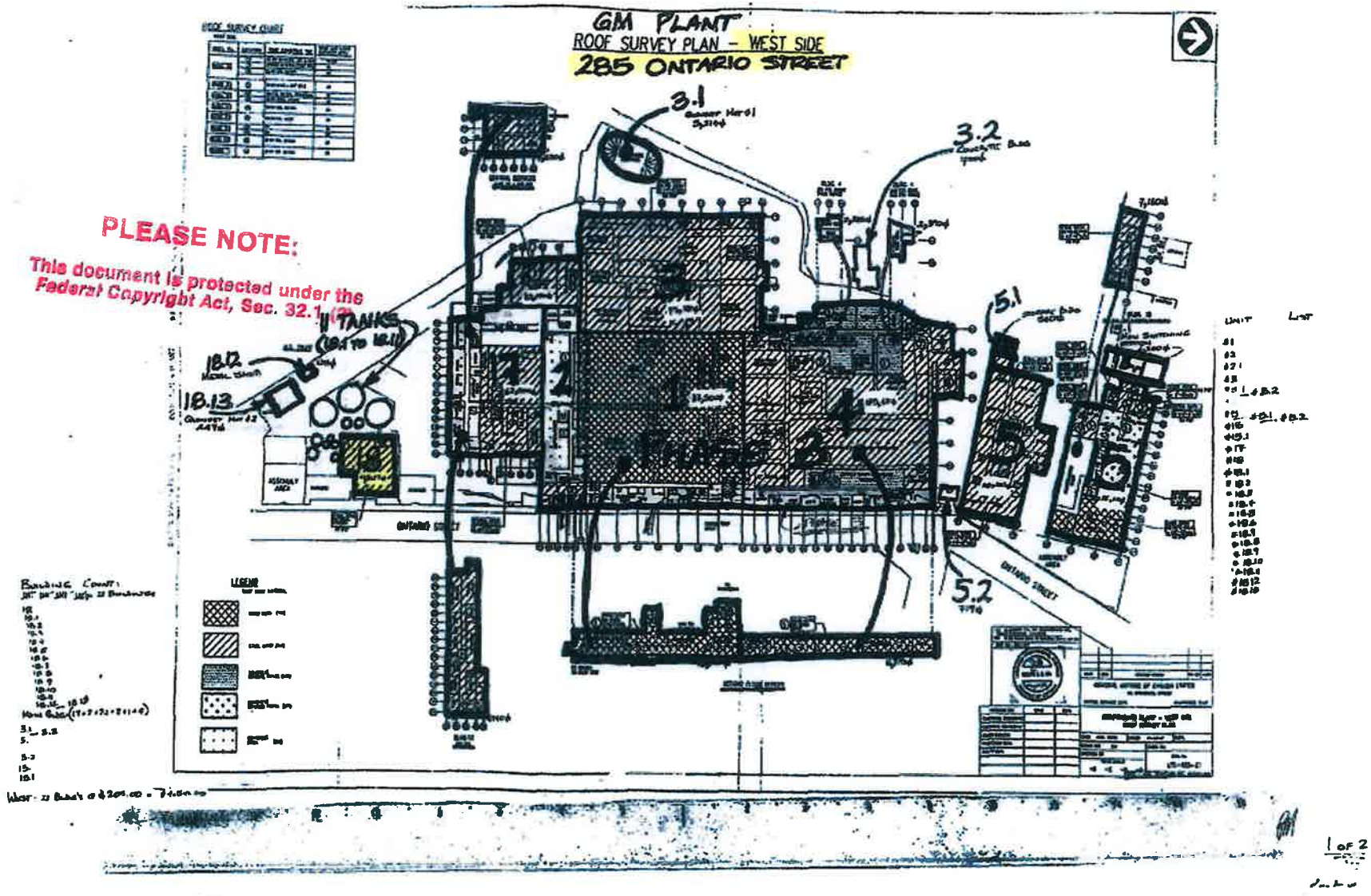
THE CORPORATION OF THE
CITY OF ST. CATHARINES

www.stcatharines.ca

PO Box 3012, 50 Church Street
St. Catharines, ON L2R 7C2
Tel : 905.688.5600 | Fax: 905.688-5873
TTY: 905.688.4TTY (4889)

PLANNING AND DEVELOPMENT SERVICES
Building and Development
Building Permit Application – Supplemental Information
(MUST BE SUBMITTED WITH THE 'APPLICATION TO CONSTRUCT OR DEMOLISH')

E FEE INFORMATION		UNIT COST	NO. OF UNITS	COST OF WORK
BUILDING INFORMATION				
CONSTRUCT	Gross Floor Area to be Constructed (SqFt)			
	Building Area to be Constructed (SqFt)			
	Number of Existing Dwelling Units			
	Number of New Dwelling Units			
BUILDING INFORMATION				
DEMOLISH	Gross Floor Area to be Demolished (SqFt)			
	Building Area to be Demolished (SqFt)		1,354,000	
	Number of Stories to be Demolished		1-3	
	Number of Dwelling Units to be Demolished		0	
PLUMBING ONLY				
SITE SERVICING (new service)	D&D Review Required ☐ Yes ☐ No			
	Linear feet of D.S.W. 4 " or less	$0.46		
	Linear meters of D.S.W. 100mm or less	$1.51		
	Linear feet of D.S.W. over 4 "	$0.73		
	Linear meters of D.S.W. over 100mm	$2.40		
	# of Manholes, Catchbasins, Fireh ydrants	$33.00		
PLUMBING	☐ Residential ☐ Non-residential			
Replacement of :	D&D Review Required ☐ Yes ☐ No			
Sanitary Sewer ☐	Linear feet of D.S.W. 4 " or less	$0.46		
Storm Sewer ☐	Linear meters of D.S.W. 100mm or less	$1.51		
Building Drain &/or ☐	Linear feet of D.S.W. over 4 "	$0.73		
Water Service ☐	Linear meters of D.S.W. over 100mm	$2.40		
	# of Manholes, Catchbasins, Fireh ydrants	$33.00		
All Other Plumbing	Linear feet of D.S.W. 4" or less	$0.46		
(new , altered or replaced)	Linear meters of D.S.W. 100mm or less	$1.61		
	# of Fixtures	$13.20 / fixture		
Backflow Prevention	# of Testable Devices	$13.20 / device		
BAP Application		$150 flat rate		
Septic Tank Changeover		$110 flat rate		
Minimum Permit Fee		$110 flat rate		
HVAC Only		$190 per unit		



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285 ONTARIO STREET: WEST BLDG

= AREA = 650,619 ±

15 102268 IL · MAIN BUILDING: (PHASE 3) 550,830 ±

#1 - GRD FLR =	117,500
#1 - 2ND FLR MEZZ =	16,710
#2 - GRD FLR =	45,000
#2.1 - GRD FLR =	15,000
#3 - GRD FLR =	75,330
#4 - GRD FLR =	175,430
#4 - 2ND FLR MEZZ =	16,715
#4 - 2ND FLR ABOVE TRUCK RAMP =	2,385
#4 - 2ND FLR REC. RM =	2,390
#17 - GRD FLR =	62,880
#17 - 2ND FLR =	11,940
#17 - 3RD FLR =	9,550
	550,830

15 102269 IL · BUILDING (#18): 9507 ±

15 102270 IL · 11 TANKS (18.1 TO 18.11) - NO SQ.FT = 0 SQ.FT

15 102272 IL · METAL SHED (18.12): 125 ±

15 102273 IL · QUANSET HUT (18.13): 447 ±

15 102274 IL · QUANSET HUT (3.1): 5,214 ±

15 102276 IL · CONCRETE BLDG (3.2): 1,000 ±

15 102277 IL · BUILDING 3 + 5.1: 34,785 ±

#5 :	34,245
#5.1 :	540
	34,785

15 102278 IL · BUILDING 5.2: 719 ±

15 102279 IL · BUILDING 15: ~~45,772 ±~~

#15 - GRD. FLR =	36,632
#15 - 2ND FLR =	7,160
	43,792

15 102280 IL · MAIN SWITCHING BUILDING (15.1): 4200 ±

21 DEMO PERMITS
↳ 11 DEMO PERMITS (LUMP 11 TANKS INTO 1 DEMO PERMIT)

CITY OF ST CATHARINES
PLANNING AND DEVELOPMENT SERVICES
BUILDING SECTION

DEMOLITION PERMIT APPLICATION – SERVICES DECLARATION

This form **must** be completed with all applications.

Date: February 27, 2015 **Project No:** 15 102269 IL

Address: 282 Ontario St St Catharines

1.	a) Do you have a **water line?**	☒ Yes	☐ No
	b) If yes, do you wish to:		
	REMOVE the water service at watermain? (work order required – fees to be paid at time of application)	☒ (See Note 7)	
	REUSE the water service at the property line? (no work order required – no fees required)	☐	
2.	Do you have a **water meter** to be removed? (work order required – fees invoiced after work completed)	☒ Yes (See Note 6)	☐ No
3.	a) Do you have a **sanitary sewer line?**	☒ Yes	☐ No
	b) If yes, do you wish to:		
	REMOVE the existing sanitary sewer lateral at the property line? (work order required – fees to be paid at time of application)	☒ (See Note 7)	
	REUSE the existing sanitary sewer lateral at the property line? (no work order required – no fees required)	☐ (See Note 5)	
4.	a) Do you have a **storm sewer line?**	☒ Yes	☐ No
	b) If yes, do you wish to:		
	REMOVE the existing storm sewer lateral at the property line? (work order required – fees to be paid at time of application)	☒ (See Note 7)	
	REUSE the existing storm sewer lateral at the property line? (no work order required – no fees required)	☐	

5. If the applicant wishes to reuse the existing sewer lateral, a TV camera sewer lateral inspection, as per 'Schedule of Rates and Fees', applies. The applicant is responsible to contact the Sewer Foreman at 905-688-5601, Extension 2222 and arrange a time and date to complete the lateral inspection.
Please note – The lateral shall be accessible at time of inspection. **No further building permits can be issued for this property until the inspection is complete.**

6. There will be a charge to turn the water off as per 'Schedule of Rates and Fees'. The fee will be charged by the Water Billing Department upon removal of water meter.

7. The following only applies for the removal of the water service and/or sewer laterals:
   - Fees for the removal of existing services will be as per "Schedule of Rates and Fees". Applicant is advised to review Schedule of Rates and Fees.
   - The water services will be removed at the source watermain in the road and will not be re-useable.
   - The sewer services will be capped at the property line and will not be re-useable.

Date of Demolition: April 27, 2015

Contact Name (Print): William Bartels or Christina Murray

Contact Telephone Number: 905 312 9506 x 304

I HAVE BEEN ADVISED THAT IT IS THE OWNER'S RESPONSIBILITY TO CONTACT FINANCIAL MANAGEMENT SERVICES @ EXT. 1456 TO DETERMINE IF THERE ARE ANY PROPERTY TAX IMPLICATIONS.

Signature of Applicant

Note:
Separate work orders are required for items 1 – 4 above.
For all work orders raised in conjunction with a permit application, a copy of this application must be faxed to LSSC.
- Forward to Sewer Foreman.
- Attach a copy of building receipt.
- Provide copy to applicant

g:\pds-forms\demolition permit application-services declaration-apr2012.docm

Date: Feb 27/15

Planning and Development Services
Building Section

Re: Utility Clearance for Demolition Permit

I, Christina Murray, applicant for a ***Permit to Demolish***

Project File No.: 15 102269 IL

Address: 282-285 Ontario Street, St. Catharines - GM Plant

have notified the following utilities:

1. **Horizon Utilities Corp,**
   Enbridge Gas, **1-800-400-2255**
   Bell Canada
2. **Cogeco Cable** **1-800-267-9000**

I understand City staff will attend to the property concerning water and sewer services, and notices pursuant to the Ontario Heritage Act and Ministry of Labour

Signature of Applicant

PDS-Forms \ UtilClearance
March 2012

"F" Application/Permit Documents 15 102269 IL - 285 Ontario St.

City of St. Catharines
stcatharines.ca

DEMOLITION PERMIT CHECKLIST

$205.00

MARCH 05, 2015

AMANDA FOLDER INFORMATION	15 102269 IL
ADDRESS / LOCATION:	285 ONTARIO STREET (WEST BLDG)
GROUP: **BSP**	
TYPE:	IL
SUB-TYPE:	MANUFACTURING PLANT
WORK PROPOSED:	DEMOLISH
DESCRIPTION:	DEMOLISH BUILDING #18 (± 9507 ft²)
NUMBER OF EXISTING DWELLING UNITS:	0
NUMBER OF DWELLING UNITS TO BE DEMOLISHED / LOST:	0
STATS CANADA BUILDING AREA SQ.FT / M:	0
NEW GROSS FLOOR AREA:	0

WEST BUILDING			PERMIT TIME:	10
	Commercial / Residential:	(Y)	N	$205.00
D & D Review Required?		(Y)	N	
Fire Review Required?		(Y)	N	
Plumbing Review Required?		(Y)	N	
Sidewalk Deposit Review Required?		(Y)	N	TBD
HVAC Review Required?		(Y)	N	
Decommission Water Service?		Y	N	$ } TBD
Decommission Sanitary Service?		Y	N	$ } TBD
Decommission Storm Service?		Y	N	$ } TBD
Inspect Existing Sanitary Service?		Y	N	$ } TBD

BUILDING CHECK

Inspector: [signature]

APPROVAL	REQ'D	REC'D	APPROVAL	REQ'D	REC'D
Heritage Act	Y (N)		Tenant Protection Act (5 or more units)	Y (N)	
Non-Designated Heritage Property	Y (N)		Utility Form	(Y) N	
Niagara Escarpment Commission	Y (N)		Water / Lateral Services Declaration Form	(Y) N	
Engineer Review	(Y) N	SEE ENG REPORT	Zoning – ALL Accessory Structures must be demolished along with main dwelling	(Y) N	

AGENCIES NOTIFIED

Clerk: _____

APPROVAL	REQ'D	REC'D	APPROVAL	REQ'D	REC'D
Ministry of Labour	Y N		City Utilities	Y N	

Remarks:
- ☐ O/A D & D FEES TBD
- ☐ O/A SIDEWALK DAMAGE DEPOSIT TBD
- ☐ FEES IN THE AMOUNT OF $205.00

DATE: APPROVED:

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CITY OF ST. CATHARINES

PLANNING AND BUILDING
SERVICES DEPARTMENT

CITY HALL
50 CHURCH STREET
P.O. BOX 3012
ST. CATHARINES, ONTARIO L2R 7C2

TEL. (905)-688-5601. EXT. 1660
FAX. (905)-688-5873

PERMIT

PERMISSION IS HEREBY GRANTED TO OWNER OF LAND TO:

Work Proposed: Demolish — Project #: 15 102269 IL
Manufacturing Plants — Industrial
Demolish Building 18 - West Building- O/A D&D Fees TBD- O/A Sidewalk Damage Deposit TBD
Property Roll Number:2629040030056000000 — Application Date: March 05, 2015
Site Address: 285 Ontario Street Unit 0000 St. Catharines L1H 8P7 — Issued: May 11, 2015
Legal Description: See comment tab.

Applicant: Budget Environmental Disposal Inc
375 Gage Avenue Hamilton ON ON L8L 7B1 — Work: (289) 639-9540 — Fax: (905) 543-0244
Owner: 2390541 Ontario Inc
282 Ontario Street St. Catharines ON ON L2R 0B4 — Work: (905) 228-1712 — Home: (905) -

On the said premise in accordance with plans and/or documents submitted to the Chief Building Official and subjected to the conditions in our letter dated: Mar 26, 2015

Demolition Inspection

IMPORTANT

THE OWNER, CONTRACTOR OR AUTHORIZED AGENT OF THE OWNER SHALL NOTIFY THE BUILDING SECTION AT LEAST 48 HOURS IN ADVANCE OF THE ABOVE NOTED INSPECTIONS. PLEASE QUOTE YOUR PROJECT NUMBER.

CALL 688-5601 Ext 1660 (TTY: 905-688-4889)

THE APPROVED PERMIT DRAWINGS MUST BE KEPT ON THE CONSTRUCTION SITE AND MADE AVAILABLE TO THE INSPECTOR. COVERING WORK PRIOR TO INSPECTION MAY RESULT IN DELAYS AND REMOVAL OF FINISHES

1. All work must be completed in accordance with plans and/or documents submitted to the Chief Building Official and/or authorized changes by the Chief Building Official.
2. This permit will be revoked after six months if the work described has not been seriously commenced or if the work is substantially suspended or discontinued for a period of time.
3. This permit is granted on the express condition that the said work in all respects conforms to the provisions of the Ontario Building Code and any other relevant by-laws of the City of St. Catharines.
4. Permission must be obtained from the City Engineer and/or the Regional Engineer to occupy the road allowance (the street, the boulevard and sidewalk) or effect changes to same.
5. The project is subject to the requirements of the Occupational Health and Safety Act.
6. The owner, contractor, or authorized agent shall be responsible for verifying that the proposed work will not interfere with public services including gas, hydro, sewer, water, telephone and cable television.
7. Any future use of the property after demolition shall be in accordance with the Zoning By-laws and Site Plan Control By-law.

Date Signed: May 11, 2015 — Authorized Signature: [signature]
Chief Building Official

OFFICE COPY

BUILDING PERMIT PICK-UP AUTHORIZATION

PERMIT NO/PROJECT FILE NO: 15 102269 IL

ADDRESS OF PERMIT/PROJECT: 285 Ontario Street

NAME OF PERSON DESIGNATED TO PICK-UP: Jodi Tamminga
(PLEASE PRINT)

SIGNATURE: Jodi Tamminga

PICK-UP DATE: May 13/15

Date Prepared: MAY 13/15

Initials: JP

G:PDS-Forms\PermitPick-upAuth

"G" Application/Permit Documents 15 102270 IL

Application for a Permit to Construct or Demolish

This form is authorized under subsection 8(1.1) of the Building Code Act

For use by Principal Authority

Application number:	Permit number (if different): 15 102270 IL
Date received: MARCH 05, 2015	Roll number:

3 OF 11

Application submitted to: CITY OF ST CATHARINES
(Name of municipality, upper-tier municipality, board of health or conservation authority)

A. Project information

Building number, street name	Unit number	Lot/con.
285 Ontario Street (BLDG 18.1 TO 18.11 - 11 TANKS)		

Municipality	Postal code	Plan number/other description
St. Catharines	L2R0B4	

Project value est. $	Area of work (m²)
$3,700,000.00 TOTAL	(125,836 TOTAL) +/- 0 Ha

B. Purpose of application

☐ New construction ☐ Addition to an existing building ☐ Alteration/repair ☑ Demolition ☐ Conditional Permit

Proposed use of building	Current use of building
Vacant	Industrial Buildings

Description of proposed work
Abatement and Demolition of the existing GM Plant

C. Applicant Applicant is: ☐ Owner or ☑ Authorized agent of owner

Last name	First name	Corporation or partnership
Murray	Christina	Budget Environmental Disposal Inc.

Street address	Unit number	Lot/con.
375 Gage Ave N		

Municipality	Postal code	Province	E-mail
Hamilton	L8L7B1	Ontario	ashley@budgetbin.ca

Telephone number	Fax	Cell number
(289) 639-9540	(905)543-0244	(905) 961-0084

D. Owner (if different from applicant)

Last name	First name	Corporation or partnership
Megna	Robert	BayShore International (BSI)

Street address	Unit number	Lot/con.
282 Ontario Street		

Municipality	Postal code	Province	E-mail
St. Catharines	L2R0B4	Ontario	

Telephone number	Fax	Cell number
(905 228 1712	( )	( )

E. Builder (optional)			
Last name	First name	Corporation or partnership (if applicable)	
Street address		Unit number	Lot/con.
Municipality	Postal code	Province	E-mail
Telephone number ( )	Fax ( )	Cell number ( )	

F. Tarion Warranty Corporation (Ontario New Home Warranty Program)

i.	Is proposed construction for a new home as defined in the *Ontario New Home Warranties Plan Act*? If no, go to section G.	☐ Yes	☑ No
ii.	Is registration required under the *Ontario New Home Warranties Plan Act*?	☐ Yes	☑ No
iii.	If yes to (ii) provide registration number(s): _____		

G. Required Schedules

i) Attach Schedule 1 for each individual who reviews and takes responsibility for design activities.

ii) Attach Schedule 2 where application is to construct on-site, install or repair a sewage system.

H. Completeness and compliance with applicable law

i) This application meets all the requirements of clauses 1.3.1.3 (5) (a) to (d) of Division C of the Building Code (the application is made in the correct form and by the owner or authorized agent, all applicable fields have been completed on the application and required schedules, and all required schedules are submitted).	☑ Yes	☐ No
Payment has been made of all fees that are required, under the applicable by-law, resolution or regulation made under clause 7(1)(c) of the *Building Code Act, 1992*, to be paid when the application is made.	☑ Yes	☐ No
ii) This application is accompanied by the plans and specifications prescribed by the applicable by-law, resolution or regulation made under clause 7(1)(b) of the *Building Code Act, 1992*.	☑ Yes	☐ No
iii) This application is accompanied by the information and documents prescribed by the applicable by-law, resolution or regulation made under clause 7(1)(b) of the *Building Code Act, 1992* which enable the chief building official to determine whether the proposed building, construction or demolition will contravene any applicable law.	☑ Yes	☐ No
iv) The proposed building, construction or demolition will not contravene any applicable law.	☑ Yes	☐ No

I. Declaration of applicant

I Christina Murray declare that:
(print name)

1. The information contained in this application, attached schedules, attached plans and specifications, and other attached documentation is true to the best of my knowledge.
2. If the owner is a corporation or partnership, I have the authority to bind the corporation or partnership.

Feb 27/15
Date

Signature of applicant

Personal information contained in this form and schedules is collected under the authority of subsection 8(1.1) of the *Building Code Act, 1992*, and will be used in the administration and enforcement of the *Building Code Act, 1992*. Questions about the collection of personal information may be addressed to: a) the Chief Building Official of the municipality or upper-tier municipality to which this application is being made, or, b) the inspector having the powers and duties of a chief building official in relation to sewage systems or plumbing for an upper-tier municipality, board of health or conservation authority to whom this application is made, or, c) Director, Building and Development Branch, Ministry of Municipal Affairs and Housing 777 Bay St., 2nd Floor. Toronto, M5G 2E5 (416) 585-6666.

Schedule 1: Designer Information

Use one form for each individual who reviews and takes responsibility for design activities with respect to the project.

A. Project Information

Building number, street name		Unit no.	Lot/con.
282-285 Ontario Street			
Municipality	**Postal code**	**Plan number/ other description**	
St. Catharines	L2R0B4		

B. Individual who reviews and takes responsibility for design activities

Name		Firm	
Street address		Unit no.	Lot/con.
Municipality	Postal code / Province	E-mail	
Telephone number ( )	Fax number ( )	Cell number ( )	

C. Design activities undertaken by individual identified in Section B. [Building Code Table 3.5.2.1. of Division C]

☐ House	☐ HVAC – House	☐ Building Structural
☐ Small Buildings	☐ Building Services	☐ Plumbing – House
☐ Large Buildings	☐ Detection, Lighting and Power	☐ Plumbing – All Buildings
☐ Complex Buildings	☐ Fire Protection	☐ On-site Sewage Systems

Description of designer's work

D. Declaration of Designer

I _____ declare that (choose one as appropriate):
(print name)

☐ I review and take responsibility for the design work on behalf of a firm registered under subsection 3.2.4.of Division C, of the Building Code. I am qualified, and the firm is registered, in the appropriate classes/categories.

Individual BCIN: _____

Firm BCIN: _____

☐ I review and take responsibility for the design and am qualified in the appropriate category as an "other designer" under subsection 3.2.5.of Division C, of the Building Code.

Individual BCIN: _____

Basis for exemption from registration: _____

☐ The design work is exempt from the registration and qualification requirements of the Building Code.

Basis for exemption from registration and qualification: _____

I certify that:

1. The information contained in this schedule is true to the best of my knowledge.
2. I have submitted this application with the knowledge and consent of the firm.

_____ _____
Date Signature of Designer

NOTE:

1. For the purposes of this form, "individual" means the "person" referred to in Clause 3.2.4.7(1) d).of Division C, Article 3.2.5.1. of Division C, and all other persons who are exempt from qualification under Subsections 3.2.4. and 3.2.5. of Division C.
2. Schedule 1 is not required to be completed by a holder of a license, temporary license, or a certificate of authorization, issued by the Ontario Association of Architects. Schedule 1 is also not required to be completed by a holder of a license to practise, a limited license to practise, or a certificate of authorization, issued by the Association of Professional Engineers of Ontario.

Schedule 2: Sewage System Installer Information

A. Project Information			
Building number, street name 282-285 Ontario Street		Unit number	Lot/con.
Municipality St. Catharines	Postal code L2R0B4	Plan number/ other description	

B. Sewage system installer

Is the installer of the sewage system engaged in the business of constructing on-site, installing, repairing, servicing, cleaning or emptying sewage systems, in accordance with Building Code Article 3.3.1.1, Division C?

☐ Yes (Continue to Section C) ☐ No (Continue to Section E) ☐ Installer unknown at time of application (Continue to Section E)

C. Registered installer information (where answer to B is "Yes")			
Name			BCIN
Street address			Unit number / Lot/con.
Municipality	Postal code	Province	E-mail
Telephone number ( )	Fax ( )		Cell number ( )

D. Qualified supervisor information (where answer to section B is "Yes")	
Name of qualified supervisor(s)	Building Code Identification Number (BCIN)

E. Declaration of Applicant

I _____ declare that:
(print name)

☐ I am the applicant for the permit to construct the sewage system. If the installer is unknown at time of application, I shall submit a new Schedule 2 prior to construction when the installer is known;

OR

☐ I am the holder of the permit to construct the sewage system, and am submitting a new Schedule 2, now that the installer is known.

I certify that:

1. The information contained in this schedule is true to the best of my knowledge.
2. If the owner is a corporation or partnership, I have the authority to bind the corporation or partnership.

_____ _____
Date Signature of applicant

THE CORPORATION OF THE
CITY OF ST. CATHARINES

www.stcatharines.ca

PO Box 3012, 50 Church Street
St. Catharines, ON L2R 7C2
Tel : 905.688.5600 | Fax: 905.688-5873
TTY: 905.688.4TTY (4889)

Building and Development

Building Permit Application – Supplemental Information

(MUST BE SUBMITTED WITH THE 'APPLICATION TO CONSTRUCT OR DEMOLISH')

A. Project Information

Building number, street name	Unit Number	Lot / Con
282-285 Ontario Street		

Municipality	Postal Code	Plan number / other description
St. Catharines	L2R0B4	

B. Master Plumber ☐ Plumbing Contractor ☐

Last name	First name	Corporation or partnership

Street Address	Unit Number

Municipality	Postal Code	Province	email

Telephone Number	Fax Number	Cell Number

C. HVAC Installer

Last name	First name	Corporation or partnership

Street Address	Unit Number

Municipality	Postal Code	Province	email

Telephone Number	Fax Number	Cell Number

D. Tenant Information

Last name	First name	Corporation or partnership

Street Address	Unit Number

Municipality	Postal Code	Province	email

Telephone Number	Fax Number	Cell Number

THE CORPORATION OF THE
CITY OF ST. CATHARINES

www.stcatharines.ca

PO Box 3012, 50 Church Street
St. Catharines, ON L2R 7C2
Tel : 905.688.5600 | Fax: 905.688-5873
TTY: 905.688.4TTY (4889)

PLANNING AND DEVELOPMENT SERVICES
Building and Development
Building Permit Application – Supplemental Information
(MUST BE SUBMITTED WITH THE 'APPLICATION TO CONSTRUCT OR DEMOLISH')

FEE INFORMATION		UNIT COST	NO UNITS	COST OF WORK
BUILDING INFORMATION				
CONSTRUCT	Gross Floor Area to be Constructed (SqFt)			
	Building Area to be Constructed (SqFt)			
	Number of Existing Dwelling Units			
	Number of New Dwelling Units			
BUILDING INFORMATION				
DEMOLISH	Gross Floor Area to be Demolished (SqFt)			
	Building Area to be Demolished (SqFt)		1,354,000	
	Number of Stories to be Demolished		1-3	
	Number of Dwelling Units to be Demolished		0	
PLUMBING ONLY				
SITE SERVICING (new service)	D&D Review Required ☐ Yes ☐ No			
	Linear feet of D.S.W. 4 " or less	$0.46		
	Linear meters of D.S.W. 100mm or less	$1.51		
	Linear feet of D.S.W. over 4 "	$0.73		
	Linear meters of D.S.W. over 100mm	$2.40		
	# of Manholes, Catchbasins, Firehydrants	$33.00		
PLUMBING	☐ RESIDENTIAL ☐ NON RESIDENTIAL			
Replacement of :	D&D Review Required ☐ Yes ☐ No			
Sanitary Sewer ☐	Linear feet of D.S.W. 4 " or less	$0.46		
Storm Sewer ☐	Linear meters of D.S.W. 100mm or less	$1.51		
Building Drain &/or ☐	Linear feet of D.S.W. over 4 "	$0.73		
Water Service ☐	Linear meters of D.S.W. over 100mm	$2.40		
	# of Manholes, Catchbasins, Firehydrants	$33.00		
ADDITIONAL PLUMBING	Linear feet of D.S.W. 4" or less	$0.46		
(new, altered or replaced)	Linear meters of D.S.W. 100mm or less	$1.61		
	# of Fixtures	$13.20 / fixture		
Backflow Prevention	# of Testable Devices	$13.20 / device		
FLAP Application		$150 flat rate		
Septic Tank changeover		$110 flat rate		
Minimum Permit Fee		$110 flat rate		
HVAC Only		$190 per unit		

CITY OF ST CATHARINES
PLANNING AND DEVELOPMENT SERVICES
BUILDING SECTION

DEMOLITION PERMIT APPLICATION – SERVICES DECLARATION

This form must be completed with all applications.

Date: February 27, 2015 **Project No:** 15 102270 IL

Address: 282 Ontario St, St Catharines

1.	a) Do you have a water line?	☒ Yes	☐ No
	b) If yes, do you wish to:		
	REMOVE the water service at watermain? (work order required – fees to be paid at time of application)	☒ (See Note 7)	
	REUSE the water service at the property line? (no work order required – no fees required)	☐	
2.	Do you have a water meter to be removed? (work order required – fees invoiced after work completed)	☒ Yes (See Note 6)	☐ No
3.	a) Do you have a sanitary sewer line?	☒ Yes	☐ No
	b) If yes, do you wish to:		
	REMOVE the existing sanitary sewer lateral at the property line? (work order required – fees to be paid at time of application)	☒ (See Note 7)	
	REUSE the existing sanitary sewer lateral at the property line? (no work order required – no fees required)	☐ (See Note 5)	
4.	a) Do you have a storm sewer line?	☒ Yes	☐ No
	b) If yes, do you wish to:		
	REMOVE the existing storm sewer lateral at the property line? (work order required – fees to be paid at time of application)	☒ (See Note 7)	
	REUSE the existing storm sewer lateral at the property line? (no work order required – no fees required)	☐	

5. If the applicant wishes to reuse the existing sewer lateral, a TV camera sewer lateral inspection, as per 'Schedule of Rates and Fees', applies. The applicant is responsible to contact the Sewer Foreman at 905-688-5601, Extension 2222 and arrange a time and date to complete the lateral inspection.
Please note – The lateral shall be accessible at time of inspection. **No further building permits can be issued for this property until the inspection is complete.**

6. There will be a charge to turn the water off as per 'Schedule of Rates and Fees'. The fee will be charged by the Water Billing Department upon removal of water meter.

7. The following only applies for the removal of the water service and/or sewer laterals:
   - Fees for the removal of existing services will be as per "Schedule of Rates and Fees". Applicant is advised to review Schedule of Rates and Fees.
   - The water services will be removed at the source watermain in the road and will not be re-useable.
   - The sewer services will be capped at the property line and will not be re-useable.

Date of Demolition: April 27, 2015

Contact Name (Print): William Bartels or Christina Murray

Contact Telephone Number: 905 312 9506 x 304

I HAVE BEEN ADVISED THAT IT IS THE OWNER'S RESPONSIBILITY TO CONTACT FINANCIAL MANAGEMENT SERVICES @ EXT. 1456 TO DETERMINE IF THERE ARE ANY PROPERTY TAX IMPLICATIONS.

Signature of Applicant

Note:
Separate work orders are required for items 1 – 4 above.
For all work orders raised in conjunction with a permit application, a copy of this application must be faxed to LSSC.
- Forward to Sewer Foreman.
- Attach a copy of building receipt.
- Provide copy to applicant

g:\pds-forms\demolition permit application-services declaration-apr2012.docm

Date: Feb 27/15

Planning and Development Services
Building Section

Re: **Utility Clearance for Demolition Permit**

I, Christina Murray, applicant for a ***Permit to Demolish***

Project File No.: 15 102275 IL

Address: 282-285 Ontario Street, St. Catharines - GM Plant

have notified the following utilities:

1.	**Horizon Utilities Corp,**	
	Enbridge Gas,	**1-800-400-2255**
	Bell Canada	
2.	**Cogeco Cable**	**1-800-267-9000**

I understand City staff will attend to the property concerning water and sewer services, and notices pursuant to the Ontario Heritage Act and Ministry of Labour

Signature of Applicant

PDS-Forms \ UtilClearance
March 2012

"G" Application/Permit Documents 15 102270 3/4

City of St. Catharines
stcatharines.ca

9 Church Street, P.O. Box 3012
St. Catharines, ON L2R 7C2
Tel: 905-688-5600
FAX: 905-685-4TTY (4889)

11 x $205.00 = $2,255.00

DEMOLITION PERMIT CHECKLIST

MARCH 05, 2015

AMANDA FOLDER INFORMATION	15 102270 IL
ADDRESS / LOCATION:	285 ONTARIO STREET (WEST BLDG)
GROUP: **BSP**	
TYPE:	IL
SUB-TYPE:	MANUFACTURING PLANT
WORK PROPOSED:	DEMOLISH
DESCRIPTION:	DEMOLISH ELEVEN (11) STORAGE TANKS (+/- OF) (BUILDING 18.1 TO 18.11)
NUMBER OF EXISTING DWELLING UNITS:	Ø
NUMBER OF DWELLING UNITS TO BE DEMOLISHED / LOST:	Ø
STATS CANADA BUILDING AREA SQ.FT / M: **0**	
NEW GROSS FLOOR AREA: **0**	

WEST BUILDING	**PERMIT TIME:**		10
11 x $205.00	**Commercial** / **Residential:** (Y)	N	$2,255.00
D & D Review Required?	(Y)	N	
Fire Review Required?	(Y)	N	
Plumbing Review Required?	Y	(N)	
Sidewalk Deposit Review Required?	(Y)	N	TBD
HVAC Review Required?	Y	(N)	
Decommission Water Service?	Y	N	$ TBD
Decommission Sanitary Service?	Y	N	$
Decommission Storm Service?	Y	N	$
Inspect Existing Sanitary Service?	Y	N	$

BUILDING CHECK

Inspector: [signature]

APPROVAL	REQ'D	REC'D	APPROVAL	REQ'D	REC'D
Heritage Act	Y (N)		Tenant Protection Act (5 or more units)	Y (N)	
Non-Designated Heritage Property	Y (N)		Utility Form	(Y) N	
Niagara Escarpment Commission	Y (N)		Water / Lateral Services Declaration Form	(Y) N	
Engineer Review	(Y) N	SEE P.ENG REPORT	Zoning – ALL Accessory Structures must be demolished along with main dwelling	(Y) N	

AGENCIES NOTIFIED

Clerk: _____

APPROVAL	REQ'D	REC'D	APPROVAL	REQ'D	REC'D
Ministry of Labour	Y N		City Utilities	Y N	

Remarks:
- ☐ O/A D & D FEES TBD
- ☐ O/A SIDEWALK DAMAGE DEPOSIT TBD
- ☐ FEES IN THE AMOUNT OF $2,255.00

DATE: APPROVED:

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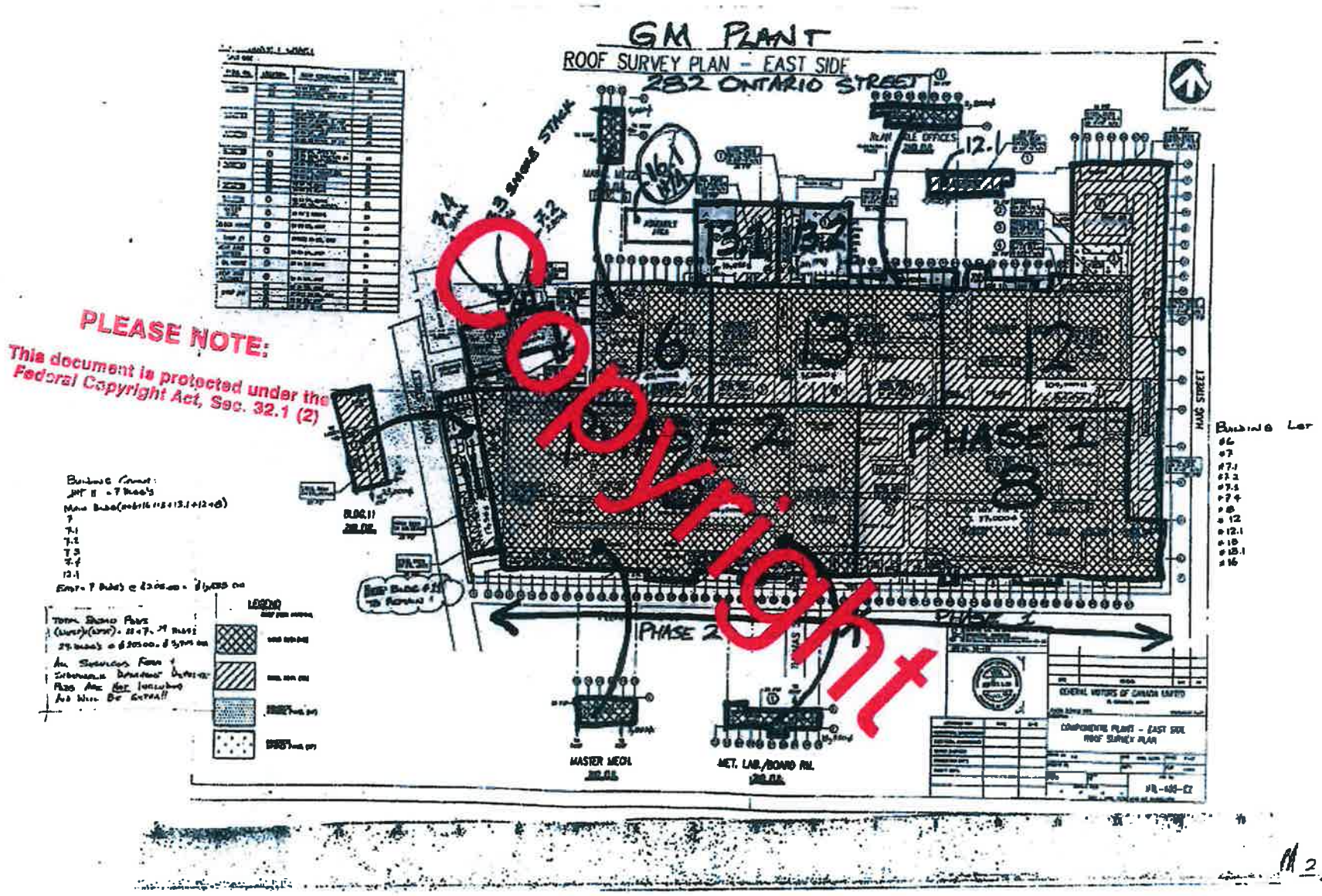

"G" Application/Permit Documents

15 102270 IL

pg. 10

282 ONTARIO STREET - EAST BLDG.

= AREA = 640,665 ft

MAIN BUILDING TOTAL = 611,375 ft

- MAIN BUILDING: PHASE 1 = 221,000 ft

#8	GRD FLR	= 117,000
#12	GRD FLR	= 104,000
		221,000

- MAIN BUILDING: PHASE 2 = 349,259 ft

#6	GRD. FLR	= 154,000
#6	2ND FLR - MECH OFFICES	= 7,860
#6	2ND FLR - LAB & BOILER ROOM	= 15,730
#16	GRD. FLR.	= 45,000
#16	2ND FLR - MEZZANINE	= 7,860
#13	GRD. FLR	= 76,000
#13,1	GRD. FLR	= 10,833
#13,2	GRD. FLR	= 20,179
#13,2	2ND FLR OFFICES	= 11,800
		349,259 ft

BUILDING #11: TO REMAIN = (41,116 ft)

#11	GRD. FLR.	= 17,516
#11	2ND FLR.	= 23,600
		41,116 ft

- BUILDING #7.1 = 24,085 ft
- BUILDING #7.1 = 280 ft
- BUILDING #7.2 = 230 ft
- BUILDING #7.3 - SMOKE STACK = 0 ft
- BUILDING #7.4 = 240 ft
- OIL HOUSE (12.1) = 4455 ft

B DEMO PERMITS:

PLEASE NOTE:
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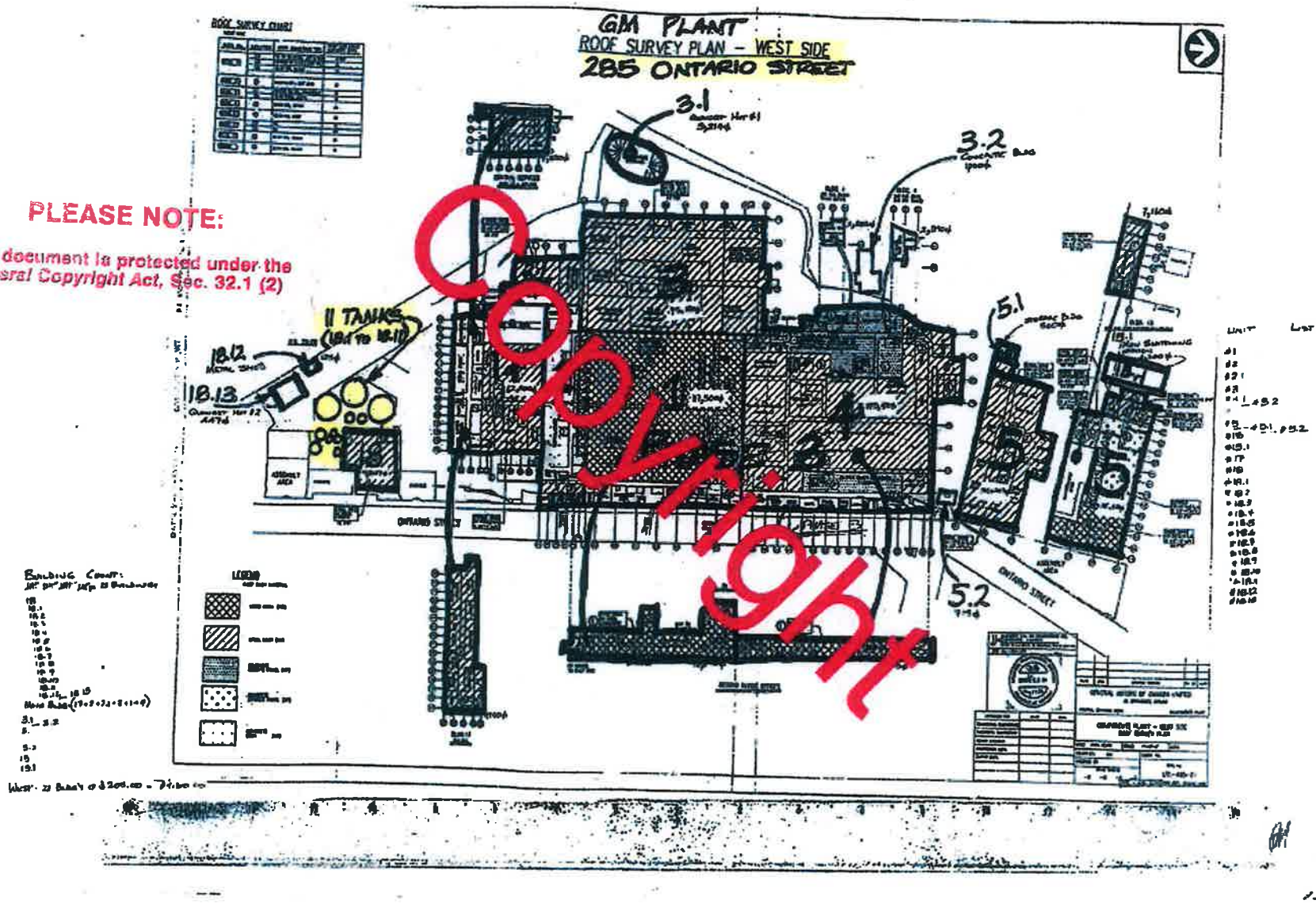


Copyright

"G" Application/Permit Documents
15 102270 IL

285 ONTARIO STREET: WEST BLDG
= AREA = 650,619 ⌀

· MAIN BUILDING: 550,830 ⌀

#1 - GRD FLR =	117,500
#1 - 2ND FLR MEZZ =	16,710
#2 - GRD FLR =	45,000
#2.1 - GRD FLR =	15,000
#3 - GRD FLR =	75,330
#4 - GRD FLR =	175,430
#4 - 2ND FLR MEZZ =	16,715
#4 - 2ND FLR ABOVE TRUCK REPAIR =	2,385
#4 - 2ND FLR ELEC. RM =	2,390
#17 - GRD FLR =	62,880
#17 - 2ND FLR =	11,940
#17 - 3RD FLR =	9,550
	550,830

· BUILDING (#18): 9,507 ⌀

11 TANKS (18.1 TO 18.11) - NO SQ.FT = 0 SQ.FT

· METAL SHED (18.12): 125 ⌀

· QUANSET HUT (18.13): 447 ⌀

· QUANSET HUT (3.1): 5,214 ⌀

· CONCRETE BLDG (3.2): 1,000 ⌀

· BUILDING 5 + 5.1: 34,785 ⌀

#5 =	34,245
#5.1 =	540
	34,785

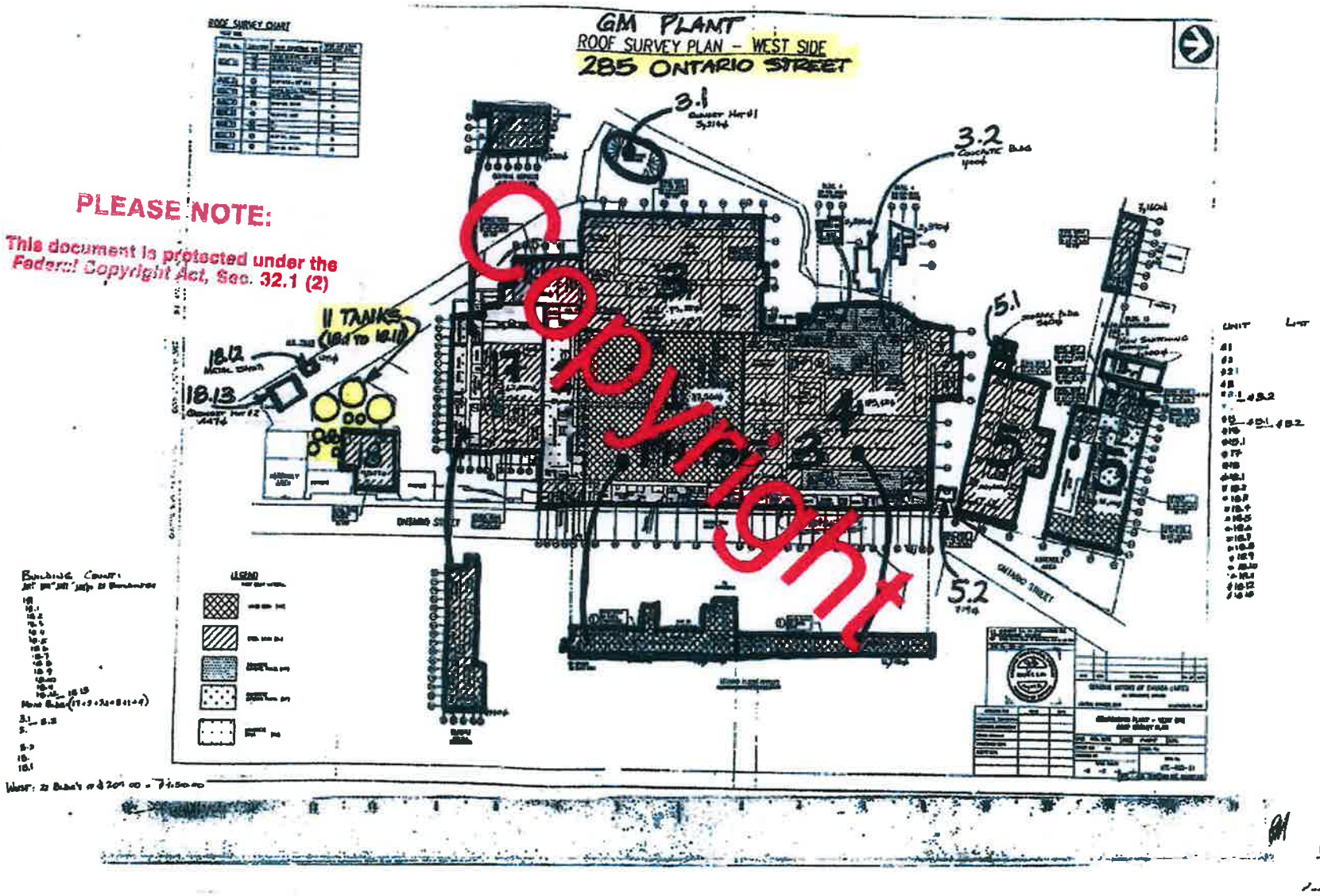
· BUILDING 5.2: 719 ⌀

· BUILDING 15: 43,792 ⌀

#15 - GRD FLR =	36,632
#15 - 2ND FLR =	7,160
	43,792

· MAIN SWITCHING BUILDING (15.1): = 4200 ⌀

21 DEMO PERMITS
↳ 11 DEMO PERMITS (LUMP 11 TANKS INTO 1 DEMO PERMIT)



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"G" Application/Permit Documents
15 102270 IL

285 ONTARIO STREET: WEST BLDG

= AREA = 650,619 ft

15 102268 IL · MAIN BUILDING: 550,830 ft (PHASE 3)

#1 - GRD FLR	=	117,500
#1 - 2ND FLR MEZZ	=	16,710
#2 - GRD FLR	=	45,000
#2.1 - GRD FLR	=	15,050
#3 - GRD FLR	=	75,330
#4 - GRD FLR	=	179,430
#4 - 2ND FLR MEZZ	=	16,715
#4 - 2ND FLR ABOVE TRUCK PLATFORM	=	2,385
#4 - 2ND FLR ELEC. RM	=	2,390
#17 - GRD FLR	=	62,880
#17 - 2ND FLR	=	11,940
#17 - 3RD FLR	=	9,550
		550,830

15 102269 IL · BUILDING (#18): 9,507 ft

15 102270 IL · 11 TANKS (18.1 TO 18.11) - NO SQ.FT = 0 SQ.FT

15 102272 IL · METAL SHED (18.12): 125 ft

15 102273 IL · QUONSET HUT (18.13): 447 ft

15 102274 IL · QUONSET HUT (3.1): 5,214 ft

15 102276 IL · CONCRETE BLDG (3.2): 1,000 ft

15 102277 IL · BUILDING 5 + 5.1: 34,785 ft

#5	:	34,245
#5.1	:	540
		34,785

15 102278 IL · BUILDING 5.2: 719 ft

15 102279 IL · BUILDING 15: ~~43,742 ft~~

#15 - GRD. FLR	=	36,632
#15 - 2ND FLR	=	7,160
		43,792

15 102280 IL · MAIN SWITCHING BUILDING (15.1): 4200 ft

21 DEMO PERMITS
↳ 11 DEMO PERMITS (LUMP 11 TANKS INTO 1 DEMO PERMIT)

"G" Application/Permit Documents 15 102270 IL

CITY OF ST. CATHARINES

CITY HALL
50 CHURCH STREET
P.O. BOX 3012
ST. CATHARINES, ONTARIO L2R 7C2

PLANNING AND BUILDING
SERVICES DEPARTMENT

TEL (905)-688-5601, EXT. 1660
FAX. (905)-688-5873

PERMIT

PERMISSION IS HEREBY GRANTED TO OWNER OF LAND TO:

Work Proposed: Demolish — Project #: 15 102270 IL
Manufacturing Plants — Industrial
Demolish Eleven (11) Storage Tanks - West Building- O/A D&D Fees TBD- O/A Sidewalk Damage D
Property Roll Number:2629040030056000000 — Application Date: March 05, 2015
Site Address: 285 Ontario Street Unit 0000 St. Catharines L1H 8P7 — Issued: May 11, 2015
Legal Description: See comment tab.

Applicant: Budget Environmental Disposal Inc
375 Gage Avenue Hamilton ON ON L8L 7B1 — Work: (289) 639-9540 — Fax: (905) 543-0244
Owner: 2390541 Ontario Inc
282 Ontario Street St. Catharines ON ON L2R 0B4 — Work: (905) 228-1712 — Home: (905) -

On the said premise in accordance with plans and/or documents submitted to the Chief Building Official and subjected to the conditions in our letter dated: Mar 26, 2015

Demolition Inspection

IMPORTANT

THE OWNER, CONTRACTOR OR AUTHORIZED AGENT OF THE OWNER SHALL NOTIFY THE BUILDING SECTION AT LEAST 48 HOURS IN ADVANCE OF THE ABOVE NOTED INSPECTIONS. PLEASE QUOTE YOUR PROJECT NUMBER.

CALL 688-5601 Ext 1660 (TTY: 905-688-4889)

THE APPROVED PERMIT DRAWINGS MUST BE KEPT ON THE CONSTRUCTION SITE AND MADE AVAILABLE TO THE INSPECTOR. COVERING WORK PRIOR TO INSPECTION MAY RESULT IN DELAYS AND REMOVAL OF FINISHES

1. All work must be completed in accordance with plans and/or documents submitted to the Chief Building Official and/or authorized changes by the Chief Building Official.
2. This permit will be revoked after six months if the work described has not been seriously commenced or if the work is substantially suspended or discontinued for a period of time.
3. This permit is granted on the express condition that the said work in all respects conforms to the provisions of the Ontario Building Code and any other relevant by-laws of the City of St. Catharines.
4. Permission must be obtained from the City Engineer and/or the Regional Engineer to occupy the road allowance (the street, the boulevard and sidewalk) or effect changes to same.
5. The project is subject to the requirements of the Occupational Health and Safety Act.
6. The owner, contractor, or authorized agent shall be responsible for verifying that the proposed work will not interfere with public services including gas, hydro, sewer, water, telephone and cable television.
7. Any future use of the property after demolition shall be in accordance with the Zoning By-laws and Site Plan Control By-law.

Date Signed: May 11, 2015 — Authorized Signature: _____
Chief Building Official

OFFICE COPY

"G"

BUILDING PERMIT PICK-UP AUTHORIZATION

PERMIT NO/PROJECT FILE NO: 15 102270 IL

ADDRESS OF PERMIT/PROJECT: 285 Ontario Street

NAME OF PERSON DESIGNATED TO PICK-UP: Jodi Tammings
(PLEASE PRINT)

SIGNATURE: Jodi Ta

PICK-UP DATE: May 13/15

Date Prepared: MAY 13/15

Initials: TP

G:PDS-Forms\PermitPick-upAuth

"H" Application/Permit Documents 15 102272 IL

Application for a Permit to Construct or Demolish

This form is authorized under subsection 8(1.1) of the Building Code Act.

For use by Principal Authority

Application number:	Permit number (if different): 15 102272 IL
Date received: MARCH 05, 2015	Roll number:

4 OF 11

Application submitted to: CITY OF ST CATHARINES
(Name of municipality, upper-tier municipality, board of health or conservation authority)

A. Project information

Building number, street name	Unit number	Lot/con.
285 Ontario Street (METAL SHED - BLDG #18,12)		

Municipality	Postal code	Plan number/other description
St. Catharines	L2R0B4	

Project value est. $	Area of work (m²)
$3,700,000.00 TOTAL	(125,836 TOTAL) +/- 125 Ha

B. Purpose of application

☐ New construction ☐ Addition to an existing building ☐ Alteration/repair ☑ Demolition ☐ Conditional Permit

Proposed use of building	Current use of building
Vacant	Industrial Buildings

Description of proposed work
Abatement and Demolition of the existing GM Plant

C. Applicant Applicant is: ☐ Owner or ☑ Authorized agent of owner

Last name	First name	Corporation or partnership	
Murray	Christina	Budget Environmental Disposal Inc.	
Street address		Unit number	Lot/con.
375 Gage Ave N			
Municipality	Postal code / Province	E-mail	
Hamilton	L8L7B1 / Ontario	ashley@budgetbin.ca	
Telephone number	Fax	Cell number	
(289) 639-9540	(905)543-0244	(905) 961-0084	

D. Owner (if different from applicant)

Last name	First name	Corporation or partnership	
Megna	Robert	BayShore International (BSI)	
Street address		Unit number	Lot/con.
282 Ontario Street			
Municipality	Postal code / Province	E-mail	
St. Catharines	L2R0B4 / Ontario		
Telephone number	Fax	Cell number	
(905) 228 1712	( )	( )	

E. Builder (optional)

Last name	First name	Corporation or partnership (if applicable)	
Street address		Unit number	Lot/con.
Municipality	Postal code	Province	E-mail
Telephone number ( )	Fax ( )	Cell number ( )	

F. Tarion Warranty Corporation (Ontario New Home Warranty Program)

i.	Is proposed construction for a new home as defined in the *Ontario New Home Warranties Plan Act*? If no, go to section G.	☐ Yes	☑ No
ii.	Is registration required under the *Ontario New Home Warranties Plan Act*?	☐ Yes	☑ No

iii. If yes to (ii) provide registration number(s): _____

G. Required Schedules

I) Attach Schedule 1 for each individual who reviews and takes responsibility for design activities.

II) Attach Schedule 2 where application is to construct on-site, install or repair a sewage system.

H. Completeness and compliance with applicable law

i) This application meets all the requirements of clauses 1.3.1.3 (5) (a) to (d) of Division C of the Building Code (the application is made in the correct form and by the owner or authorized agent, all applicable fields have been completed on the application and required schedules, and all required schedules are submitted).	☑ Yes	☐ No
Payment has been made of all fees that are required, under the applicable by-law, resolution or regulation made under clause 7(1)(c) of the *Building Code Act, 1992*, to be paid when the application is made.	☑ Yes	☐ No
ii) This application is accompanied by the plans and specifications prescribed by the applicable by-law, resolution or regulation made under clause 7(1)(b) of the *Building Code Act, 1992*.	☑ Yes	☐ No
iii) This application is accompanied by the information and documents prescribed by the applicable by-law, resolution or regulation made under clause 7(1)(b) of the *Building Code Act, 1992* which enable the chief building official to determine whether the proposed building, construction or demolition will contravene any applicable law.	☑ Yes	☐ No
iv) The proposed building, construction or demolition will not contravene any applicable law.	☑ Yes	☐ No

I. Declaration of applicant

I Christina Murray declare that:
(print name)

1. The information contained in this application, attached schedules, attached plans and specifications, and other attached documentation is true to the best of my knowledge.
2. If the owner is a corporation or partnership, I have the authority to bind the corporation or partnership.

Feb 27/15
Date

Signature of applicant

Personal information contained in this form and schedules is collected under the authority of subsection 8(1.1) of the *Building Code Act, 1992*, and will be used in the administration and enforcement of the *Building Code Act, 1992*. Questions about the collection of personal information may be addressed to: a) the Chief Building Official of the municipality or upper-tier municipality to which this application is being made, or, b) the inspector having the powers and duties of a chief building official in relation to sewage systems or plumbing for an upper-tier municipality, board of health or conservation authority to whom this application is made, or, c) Director, Building and Development Branch, Ministry of Municipal Affairs and Housing 777 Bay St., 2nd Floor. Toronto, M5G 2E5 (416) 585-6666.

Schedule 1: Designer Information

Use one form for each individual who reviews and takes responsibility for design activities with respect to the project.

A. Project Information

Building number, street name			Unit no.	Lot/con.
282-285 Ontario Street				
Municipality: St. Catharines	Postal code: L2R0B4	Plan number/ other description		

B. Individual who reviews and takes responsibility for design activities

Name		Firm		
Street address			Unit no.	Lot/con.
Municipality	Postal code	Province	E-mail	
Telephone number ( )	Fax number ( )		Cell number ( )	

C. Design activities undertaken by individual identified in Section B. [Building Code Table 3.5.2.1. of Division C]

☐ House	☐ HVAC – House	☐ Building Structural
☐ Small Buildings	☐ Building Services	☐ Plumbing – House
☐ Large Buildings	☐ Detection, Lighting and Power	☐ Plumbing – All Buildings
☐ Complex Buildings	☐ Fire Protection	☐ On-site Sewage Systems

Description of designer's work

D. Declaration of Designer

I _____ declare that (choose one as appropriate):
(print name)

☐ I review and take responsibility for the design work on behalf of a firm registered under subsection 3.2.4.of Division C, of the Building Code. I am qualified, and the firm is registered, in the appropriate classes/categories.

Individual BCIN: _____

Firm BCIN: _____

☐ I review and take responsibility for the design and am qualified in the appropriate category as an "other designer" under subsection 3.2.5.of Division C, of the Building Code.

Individual BCIN: _____

Basis for exemption from registration: _____

☐ The design work is exempt from the registration and qualification requirements of the Building Code.

Basis for exemption from registration and qualification: _____

I certify that:

1. The information contained in this schedule is true to the best of my knowledge.
2. I have submitted this application with the knowledge and consent of the firm.

_____ _____
Date Signature of Designer

NOTE:

1. For the purposes of this form, "individual" means the "person" referred to in Clause 3.2.4.7(1) d).of Division C, Article 3.2.5.1. of Division C, and all other persons who are exempt from qualification under Subsections 3.2.4. and 3.2.5. of Division C.
2. Schedule 1 is not required to be completed by a holder of a license, temporary license, or a certificate of authorization, issued by the Ontario Association of Architects. Schedule 1 is also not required to be completed by a holder of a license to practise, a limited license to practise, or a certificate of authorization, issued by the Association of Professional Engineers of Ontario.

Schedule 2: Sewage System Installer Information

A. Project Information			
Building number, street name 282-285 Ontario Street		Unit number	Lot/con.
Municipality St. Catharines	Postal code L2R0B4	Plan number/ other description	

B. Sewage system installer

Is the installer of the sewage system engaged in the business of constructing on-site, installing, repairing, servicing, cleaning or emptying sewage systems, in accordance with Building Code Article 3.3.1.1, Division C?

☐ Yes (Continue to Section C) ☐ No (Continue to Section E) ☐ Installer unknown at time of application (Continue to Section E)

C. Registered Installer Information (where answer to B is "Yes")			
Name			BCIN
Street address			Unit number / Lot/con.
Municipality	Postal code	Province	E-mail
Telephone number ( )	Fax ( )		Cell number ( )

D. Qualified supervisor information (where answer to section B is "Yes")	
Name of qualified supervisor(s)	Building Code Identification Number (BCIN)

E. Declaration of Applicant

I _____ declare that:
(print name)

☐ I am the applicant for the permit to construct the sewage system. If the installer is unknown at time of application, I shall submit a new Schedule 2 prior to construction when the installer is known;

OR

☐ I am the holder of the permit to construct the sewage system, and am submitting a new Schedule 2, now that the installer is known.

I certify that:

1. The information contained in this schedule is true to the best of my knowledge.
2. If the owner is a corporation or partnership, I have the authority to bind the corporation or partnership.

_____ _____
Date Signature of applicant

THE CORPORATION OF THE
CITY OF ST. CATHARINES

www.stcatharines.ca

PO Box 3012, 50 Church Street
St. Catharines, ON L2R 7C2
Tel : 905.688.5600 | Fax: 905.688-5873
TTY: 905.688.4TTY (4889)

Building and Development

Building Permit Application – Supplemental Information

(MUST BE SUBMITTED WITH THE 'APPLICATION TO CONSTRUCT OR DEMOLISH')

A. Project Information

Building number, street name	Unit Number	Lot / Con
282-285 Ontario Street		

Municipality	Postal Code	Plan number / other description
St. Catharines	L2R0B4	

B. Master Plumber ☐ Plumbing Contractor ☐

Last name	First name	Corporation or partnership

Street Address	Unit Number

Municipality	Postal Code	Province	email

Telephone Number	Fax Number	Cell Number

C. HVAC Installer

Last name	First name	Corporation or partnership

Street Address	Unit Number

Municipality	Postal Code	Province	email

Telephone Number	Fax Number	Cell Number

D. Tenant Information

Last name	First name	Corporation or partnership

Street Address	Unit Number

Municipality	Postal Code	Province	email

Telephone Number	Fax Number	Cell Number

THE CORPORATION OF THE
CITY OF ST. CATHARINES

www.stcatharines.ca

PO Box 3012, 50 Church Street
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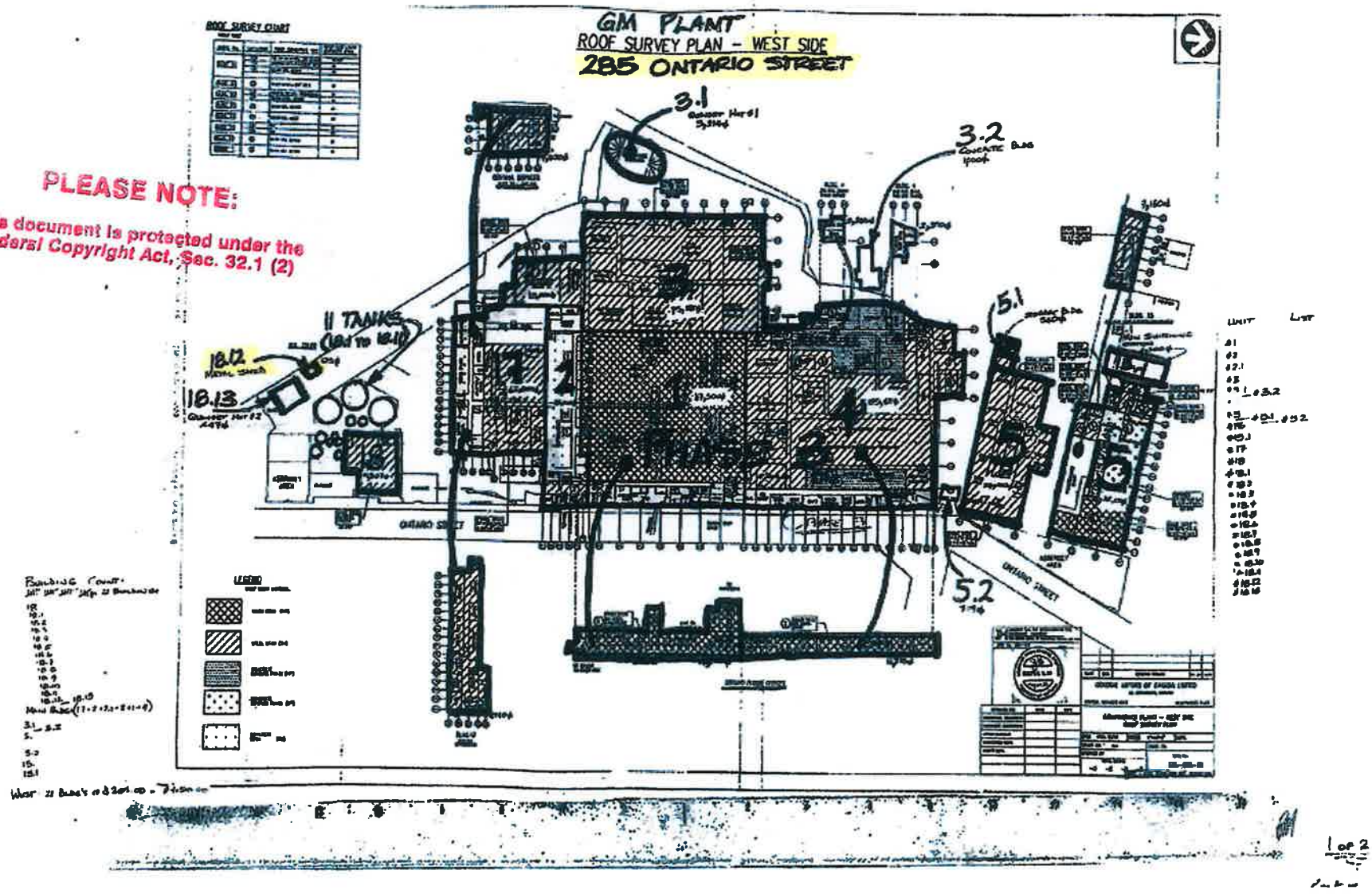
PLANNING AND DEVELOPMENT SERVICES
Building and Development
Building Permit Application – Supplemental Information
(MUST BE SUBMITTED WITH THE 'APPLICATION TO CONSTRUCT OR DEMOLISH')

CONSTRUCT	Gross Floor Area to be Constructed (SqFt)			
	Building Area to be Constructed (SqFt)			
	Number of Existing Dwelling Units			
	Number of New Dwelling Units			
DEMOLISH	Gross Floor Area to be Demolished (SqFt)			
	Building Area to be Demolished (SqFt)		1,354,000	
	Number of Stories to be Demolished		1-3	
	Number of Dwelling Units to be Demolished		0	
SITE SERVICING (new service)	D&D Review Required ☐ Yes ☐ No			
	Linear feet of D.S.W. 4 " or less	$0.46		
	Linear meters of D.S.W. 100mm or less	$1.51		
	Linear feet of D.S.W. over 4 "	$0.73		
	Linear meters of D.S.W. over 100mm	$2.40		
	# of Manholes, Catchbasins, Firehydrants	$33.00		
	☐ RESIDENTIAL ☐ NON-RESIDENTIAL			
Replacement of :	D&D Review Required ☐ Yes ☐ No			
Sanitary Sewer ☐	Linear feet of D.S.W. 4 " or less	$0.46		
Storm Sewer ☐	Linear meters of D.S.W. 100mm or less	$1.51		
Building Drain &/or ☐	Linear feet of D.S.W. over 4 "	$0.73		
Water Service ☐	Linear meters of D.S.W. over 100mm	$2.40		
	# of Manholes, Catchbasins, Firehydrants	$33.00		
All Other Plumbing	Linear feet of D.S.W. 4" or less	$0.46		
(new , altered or replaced)	Linear meters of D.S.W. 100mm or less	$1.61		
	# of Fixtures	$13.20 / fixture		
Backflow Prevention	# of Testable Devices	$13.20 / device		
FLAP Application		$150 flat rate		
Septic Tank Changeover		$110 flat rate		
Minimum Permit Fee		$110 flat rate		
HVAC Only		$190 per unit		

"H" Application/Permit Documents

15 102272 IL



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285 ONTARIO STREET: WEST BLDG
= AREA = 650,619 ft

15 102268 IL: MAIN BUILDING: (PHASE 3) 550,830 ft

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21 DEMO PERMITS
↳ 11 DEMO PERMITS (LUMP 11 TANKS INTO 1 DEMO PERMIT)

CITY OF ST CATHARINES
PLANNING AND DEVELOPMENT SERVICES
BUILDING SECTION

DEMOLITION PERMIT APPLICATION – SERVICES DECLARATION

This form **must** be completed with all applications.

Date: February 27, 2015 **Project No:** 15 102272 IL

Address: 262 Ontario St, St Catharines

1. a) Do you have a **water line?** ☒ Yes ☐ No

   b) If yes, do you wish to:

   REMOVE the water service at watermain? (work order required – fees to be paid at time of application) ☒ **(See Note 7)**

   REUSE the water service at the property line? (no work order required – no fees required) ☐

2. Do you have a **water meter** to be removed? (work order required – fees invoiced after work completed) ☒ Yes **(See Note 6)** ☐ No

3. a) Do you have a **sanitary sewer line?** ☒ Yes ☐ No

   b) If yes, do you wish to:

   REMOVE the existing sanitary sewer lateral at the property line? (work order required – fees to be paid at time of application) ☒ **(See Note 7)**

   REUSE the existing sanitary sewer lateral at the property line? (no work order required – no fees required) ☐ **(See Note 5)**

4. a) Do you have a **storm sewer line?** ☒ Yes ☐ No

   b) If yes, do you wish to:

   REMOVE the existing storm sewer lateral at the property line? (work order required – fees to be paid at time of application) ☒ **(See Note 7)**

   REUSE the existing storm sewer lateral at the property line? (no work order required – no fees required) ☐

5. If the applicant wishes to reuse the existing sewer lateral, a TV camera sewer lateral inspection, as per 'Schedule of Rates and Fees', applies. The applicant is responsible to contact the Sewer Foreman at 905-688-5601, Extension 2222 and arrange a time and date to complete the lateral inspection.
   Please note – The lateral shall be accessible at time of inspection. **No further building permits can be issued for this property until the inspection is complete.**

6. There will be a charge to turn the water off as per 'Schedule of Rates and Fees'. The fee will be charged by the Water Billing Department upon removal of water meter.

7. The following only applies for the removal of the water service and/or sewer laterals:
   - Fees for the removal of existing services will be as per "Schedule of Rates and Fees". Applicant is advised to review Schedule of Rates and Fees.
   - The water services will be removed at the source watermain in the road and will not be re-useable.
   - The sewer services will be capped at the property line and will not be re-useable.

Date of Demolition: April 27 2015

Contact Name (Print): William Bartels or Christina Murray

Contact Telephone Number: 905 312 9506 x 304

I HAVE BEEN ADVISED THAT IT IS THE OWNER'S RESPONSIBILITY TO CONTACT FINANCIAL MANAGEMENT SERVICES @ EXT. 1456 TO DETERMINE IF THERE ARE ANY PROPERTY TAX IMPLICATIONS.

Signature of Applicant

Note:
Separate work orders are required for items 1 – 4 above.
For all work orders raised in conjunction with a permit application, a copy of this application must be faxed to LSSC.
- Forward to Sewer Foreman.
- Attach a copy of building receipt.
- Provide copy to applicant

g:\pds-forms\demolition permit application-services declaration-apr2012.docm

Date: Feb 27/15

Planning and Development Services
Building Section

Re: Utility Clearance for Demolition Permit

I, Christina Murray, applicant for a ***Permit to Demolish***

Project File No.: 15 102272 IL

Address: 282-285 Ontario Street, St. Catharines - GM Plant

have notified the following utilities:

1.	**Horizon Utilities Corp,**	
	Enbridge Gas,	**1-800-400-2255**
	Bell Canada	
2.	**Cogeco Cable**	**1-800-267-9000**

I understand City staff will attend to the property concerning water and sewer services, and notices pursuant to the Ontario Heritage Act and Ministry of Labour

Signature of Applicant

PDS\Forms\UtilClearance
March 2012

"H" Application/Permit Documents 15 102272 IL

City of St. Catharines
stcatharines.ca

50 Church Street, P.O. Box 3012
St. Catharines, ON L2R 7C2
Tel: 905-688-5600
TTY: 905-688-4TTY (4889)

DEMOLITION PERMIT CHECKLIST $205.00

MARCH 05, 2015

AMANDA FOLDER INFORMATION	15 102272 IL
ADDRESS / LOCATION:	285 ONTARIO STREET (WEST BLDG)
GROUP: **BSP**	
TYPE:	IL
SUB-TYPE:	MANUFACTURING PLANT
WORK PROPOSED:	DEMOLISH
DESCRIPTION:	DEMOLISH METAL SHED (BLDG # 18.12 = ± 125M²)
NUMBER OF EXISTING DWELLING UNITS:	Ø
NUMBER OF DWELLING UNITS TO BE DEMOLISHED / LOST:	Ø
STATS CANADA BUILDING AREA SQ.FT / M:	0
NEW GROSS FLOOR AREA:	0

WEST BUILDING **PERMIT TIME:**			10
Commercial / Residential:	(Y)	N	$205.00
D & D Review Required?	(Y)	N	
Fire Review Required?	(Y)	N	
Plumbing Review Required?	(Y)	N	
Sidewalk Deposit Review Required?	(Y)	N	TBD
HVAC Review Required?	(Y)	N	
Decommission Water Service?	Y	N	$
Decommission Sanitary Service?	Y	N	$ TBD
Decommission Storm Service?	Y	N	$
Inspect Existing Sanitary Service?	Y	N	$

BUILDING CHECK

Inspector: _____

APPROVAL	REQ'D	REC'D	APPROVAL	REQ'D	REC'D
Heritage Act	Y (N)		Tenant Protection Act (5 or more units)	Y (N)	
Non-Designated Heritage Property	Y (N)		Utility Form	(Y) N	
Niagara Escarpment Commission	Y (N)		Water / Lateral Services Declaration Form	(Y) N	
Engineer Review	(Y) N		Zoning – ALL Accessory Structures must be demolished along with main dwelling	(Y) N	

AGENCIES NOTIFIED

Clerk: _____

APPROVAL	REQ'D	REC'D	APPROVAL	REQ'D	REC'D
Ministry of Labour	Y N		City Utilities	Y N	

Remarks:
- ☐ O/A D & D FEES TBD
- ☐ O/A SIDEWALK DAMAGE DEPOSIT TBD
- ☐ FEES IN THE AMOUNT OF $205.00

DATE: APPROVED:

g:\les-forms\demolitionpermitchklst-Jan2010.doc

CITY OF ST. CATHARINES

PLANNING AND BUILDING
SERVICES DEPARTMENT

CITY HALL
50 CHURCH STREET
P.O. BOX 3012
ST. CATHARINES, ONTARIO L2R 7C2

TEL. (905)-688-5601. EXT. 1660
FAX. (905)-688-5873

PERMIT

PERMISSION IS HEREBY GRANTED TO OWNER OF LAND TO:

Work Proposed: Demolish — Project #: 15 102272 IL
Manufacturing Plants — Industrial
Demolish Metal Shed (Building #18.12) - West Building- O/A D&D Fees TBD- O/A Sidewalk Damag
Property Roll Number:2629040030056000000 — Application Date: March 05, 2015
Site Address: 285 Ontario Street Unit 0000 St. Catharines L1H 8P7 — Issued: May 11, 2015
Legal Description: See comment tab.

Applicant: Budget Environmental Disposal Inc
375 Gage Avenue Hamilton ON ON L8L 7B1 — Work: (289) 639-9540 — Fax: (905) 543-0244
Owner: 2390541 Ontario Inc
282 Ontario Street St. Catharines ON ON L2R 0B4 — Work: (905) 228-1712 — Home: (905) -

On the said premise in accordance with plans and/or documents submitted to the Chief Building Official and subjected to the conditions in our letter dated: Mar 26, 2015

Demolition Inspection

IMPORTANT

THE OWNER, CONTRACTOR OR AUTHORIZED AGENT OF THE OWNER SHALL NOTIFY THE BUILDING SECTION AT LEAST 48 HOURS IN ADVANCE OF THE ABOVE NOTED INSPECTIONS. PLEASE QUOTE YOUR PROJECT NUMBER.

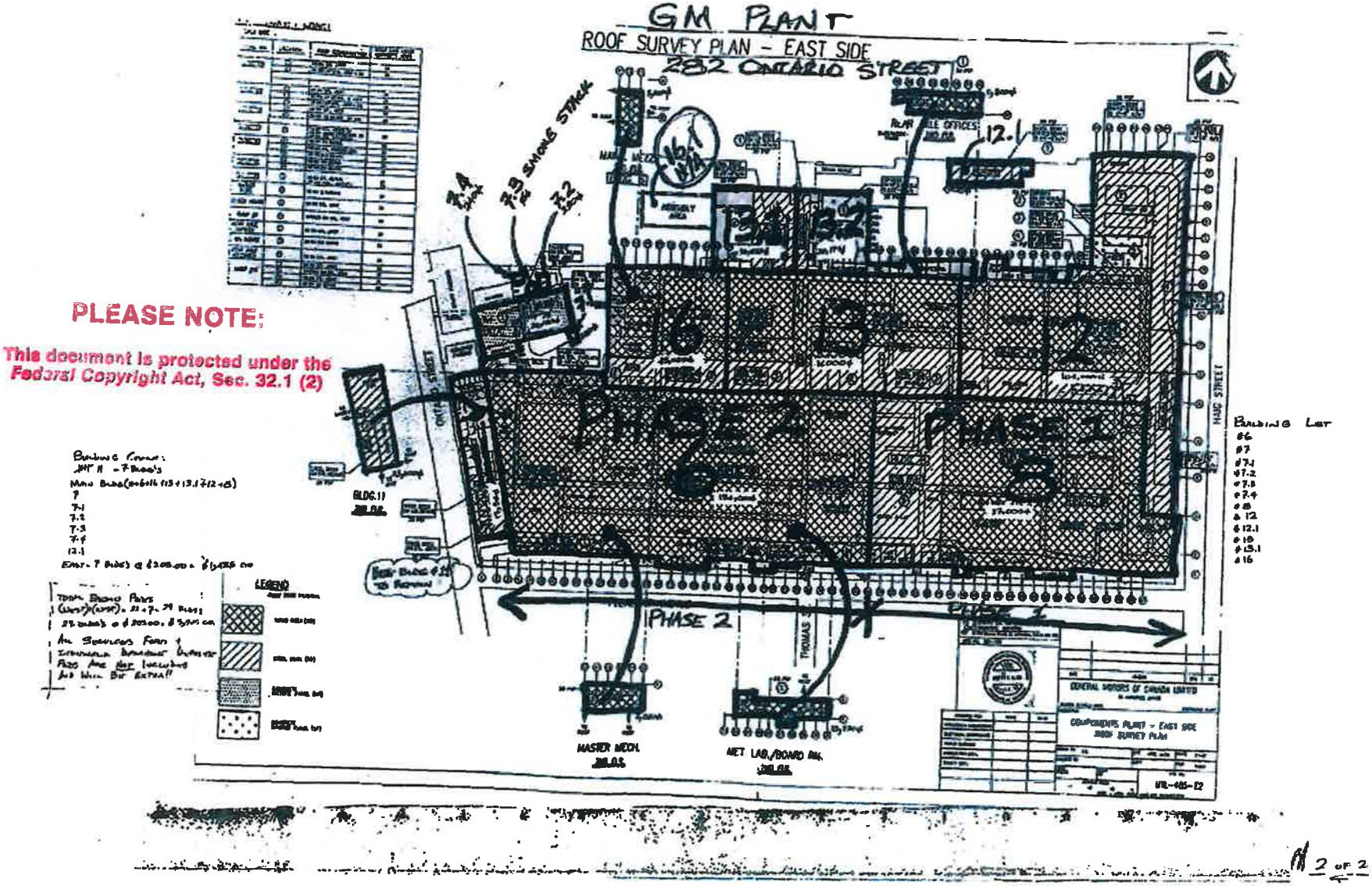
CALL 688-5601 Ext 1660 (TTY: 905-688-4889)

THE APPROVED PERMIT DRAWINGS MUST BE KEPT ON THE CONSTRUCTION SITE AND MADE AVAILABLE TO THE INSPECTOR. COVERING WORK PRIOR TO INSPECTION MAY RESULT IN DELAYS AND REMOVAL OF FINISHES

1. All work must be completed in accordance with plans and/or documents submitted to the Chief Building Official and/or authorized changes by the Chief Building Official.
2. This permit will be revoked after six months if the work described has not been seriously commenced or if the work is substantially suspended or discontinued for a period of time.
3. This permit is granted on the express condition that the said work in all respects conforms to the provisions of the Ontario Building Code and any other relevant by-laws of the City of St. Catharines.
4. Permission must be obtained from the City Engineer and/or the Regional Engineer to occupy the road allowance (the street, the boulevard and sidewalk) or effect changes to same.
5. The project is subject to the requirements of the Occupational Health and Safety Act.
6. The owner, contractor, or authorized agent shall be responsible for verifying that the proposed work will not interfere with public services including gas, hydro, sewer, water, telephone and cable television.
7. Any future use of the property after demolition shall be in accordance with the Zoning By-laws and Site Plan Control By-law.

Date Signed: May 11, 2015 Authorized Signature: _____
Chief Building Official

OFFICE COPY



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282 ONTARIO STREET - EAST BLDG.

= AREA = 640,665 ft

MAIN BUILDING TOTAL = 611,375 ft

- MAIN BUILDING: PHASE 1 = 221,000 ft

#8	GRD. FLR	= 117,000
#12	GRD. FLR	= 104,000
		221,000

- MAIN BUILDING: PHASE 2 = 349,259 ft

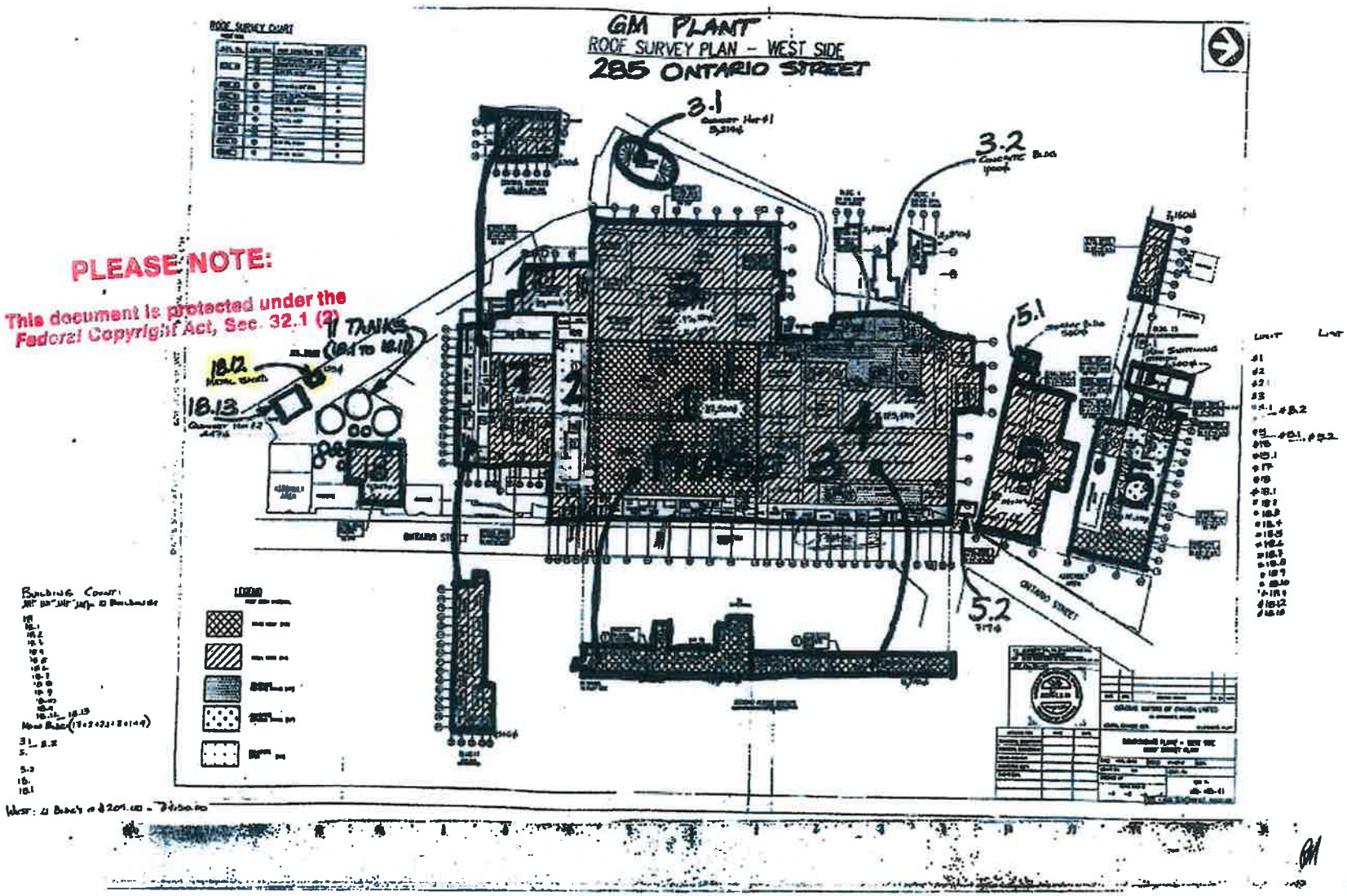
#6	GRD. FLR	= 154,000
#6	2ND FLR - MECH. OFFICES	= 7,860
#6	2ND FLR - LAB & BOARD ROOM	= 15,730
#16	GRD. FLR.	= 45,000
#16	2ND FLR - MEZZANINE	= 7860
#13	GRD. FLR	= 76,000
#13.1	GRD. FLR	= 10,833
#13.2	GRD. FLR	= 20,179
#13.2	2ND FLR OFFICES	= 11,800
		349,259 ft

BUILDING #11: TO REMAIN = (41,116 ft)

#11	GRD. FLR.	= 17,516
#11	2ND FLR.	= 23,600
		41,116 ft

- BUILDING #7 = 24,085 ft
- BUILDING #7.1 = 280 ft
- BUILDING #7.2 = 230 ft
- BUILDING #7.3 - SMOKE STACK = 0 ft
- BUILDING #7.4 = 240 ft
- OLD HOUSE (12.1) = 4455 ft

8 DEMO PERMITS:



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"H" Application/Permit Documents
15 102272 IL

285 ONTARIO STREET: WEST BLDG

= AREA - 650,619 ft

· MAIN BUILDING: 550,830 ft

#1 - GRD FLR =	117,500
#1 - 2ND FLR MEZZ =	16,710
#2 - GRD FLR =	45,000
#2.1 - GRD FLR =	15,000
#3 - GRD FLR =	75,330
#4 - GRD FLR =	175,430
#4 - 2ND FLR MEZZ =	16,715
#4 - 2ND FLR MONK TRUCK PLATFORM =	2,385
#4 - 2ND FLR ELEC. RM =	2,390
#17 - GRD FLR =	63,830
#17 - 2ND FLR =	11,970
#17 - 3RD FLR =	9,550
	550,830

· BUILDING (#18): 9,507 ft

11 TANKS (18.1 TO 18.11) - NO SQ.FT = 0 SQ.FT

· METAL SHED (18.12): 125 ft

· QUANSET HUT (18.13): 447 ft

· QUANSET HUT (3.1): 5,214 ft

· CONCRETE BLDG (3.2): 1,000 ft

· BUILDING 5 + 5.1: 34,785 ft

#5 =	34,245
#5.1 =	540
	34,785

· BUILDING 5.2: 719 ft

· BUILDING 15: ~~45,792 ft~~

#15 - GRD. FLR =	36,632
#15 - 2ND FLR =	7,160
	43,792

· MAIN SWITCHING BUILDING (15.1): = 4200 ft

21 DEMO PERMITS
↳ 11 DEMO PERMITS (LUMP 11 TANKS INTO 1 DEMO PERMIT)

"H"

St. Catharines

Planning and Building Services
PO Box 3012, 50 Church Street
St. Catharines, ON L2R 7C2

Phone: 905-688-5600
Fax: 905-688-5873
TTY: 905-688-4889

INSPECTION REPORT

OWNER: Bayshore Groups	PERMIT NUMBER: 15102272/L
CONSTRUCTOR/TENANT:	
DESIGNER:	
LOCATION OF WORK: 285 ONTARIO STREET.	

AN INSPECTION OF THE ABOVE PROJECT DISCLOSES THAT THE ITEM(S) NOTED BELOW REQUIRE YOUR REMEDIAL ACTION TO AVOID CONTRAVENTION OF:

- ☒ THE BUILDING CODE ACT AND REGULATIONS
- ☐ BY-LAW 2006-26, FENCING OF SWIMMING POOLS
- ☐ THE PLUMBING REGULATIONS OBC PART 7
- ☐ BY-LAW 2008-302, REGULATING SIGNS
- ☐ _____

TYPE OF INSPECTION:

☐ FOOTINGS	☐ INSULATION	☐ HVAC ROUGH-IN	☐ HVAC FINAL
☐ FOUNDATION / BACKFILL	☐ FIRE SEPARATION / EXITS	☐ PLUMBING ROUGH-IN	☐ PLUMBING FINAL
☐ FRAMING	☐ OCCUPANCY	☐ SEWER	☐ INSIDE DRAIN

ITEM	DESCRIPTION
	Demolition
1.	Observed demolition in progress.
	Clean up and removal of all debris required and reports submitted.
	Grade to be level.
2.	All reports from all consultants to be submitted. ie. field reports, environmental reports, final reports.
3.	Final inspection required and must be scheduled.
4.	All outstanding reports required by March 30, 2019.

☐ CONTINUED ON SCHEDULE "A" ATTACHED HERETO.
THE ABOVE ITEM(S) MUST BE COMPLETED ON OR BEFORE _____ CALL FOR A REINSPECTION
WHEN CORRECTION(S) HAVE BEEN MADE, ACCEPTANCE BY AN INSPECTOR IS REQUIRED

AFFIXED TO BUILDING SITE ☐ RECEIVED BY ☒ FAXED ☐ MAILED ☐

NAME: Quinn Flannigan POSITION: Operations Manager

DATE: March 22, 2019 ISSUED BY: _____ INSPECTOR

(White Copy for Constructor) - (Yellow Copy for Inspector)

inspectionreport-june-12

Application for a Permit to Construct or Demolish

This form is authorized under subsection 8(1.1) of the Building Code Act.

For use by Principal Authority

Application number:	Permit number (if different): 15 102273 IL
Date received: MARCH 05, 2015	Roll number:

5 of 11

Application submitted to: CITY OF ST CATHARINES
(Name of municipality, upper-tier municipality, board of health or conservation authority)

A. Project Information

Building number, street name	Unit number	Lot/con.
285 Ontario Street (QUANSET HUT #1 - BLDG. 18,13)		

Municipality	Postal code	Plan number/other description
St. Catharines	L2R0B4	

Project value est. $	Area of work (m²)
$3,700,000.00 TOTAL	(125,836 TOTAL) ±.447ha

B. Purpose of application

☐ New construction ☐ Addition to an existing building ☐ Alteration/repair ☑ Demolition ☐ Conditional Permit

Proposed use of building	Current use of building
Vacant	Industrial Buildings

Description of proposed work
Abatement and Demolition of the existing GM Plant

C. Applicant Applicant is: ☐ Owner or ☑ Authorized agent of owner

Last name	First name	Corporation or partnership	
Murray	Christina	Budget Environmental Disposal Inc.	
Street address		**Unit number**	**Lot/con.**
375 Gage Ave N			
Municipality	**Postal code**	**Province**	**E-mail**
Hamilton	L8L7B1	Ontario	ashley@budgetbin.ca
Telephone number	**Fax**		**Cell number**
(289) 639-9540	(905)543-0244		(905) 961-0084

D. Owner (if different from applicant)

Last name	First name	Corporation or partnership	
Megna	Robert	BayShore International (BSI)	
Street address		**Unit number**	**Lot/con.**
282 Ontario Street			
Municipality	**Postal code**	**Province**	**E-mail**
St. Catharines	L2R0B4	Ontario	
Telephone number	**Fax**		**Cell number**
(905) 228 1712	( )		( )

E. Builder (optional)				
Last name	First name	Corporation or partnership (if applicable)		
Street address			Unit number	Lot/con.
Municipality	Postal code	Province	E-mail	
Telephone number ( )	Fax ( )		Cell number ( )	

F. Tarion Warranty Corporation (Ontario New Home Warranty Program)		
i. Is proposed construction for a new home as defined in the *Ontario New Home Warranties Plan Act*? If no, go to section G.	☐ Yes	☑ No
ii. Is registration required under the *Ontario New Home Warranties Plan Act*?	☐ Yes	☑ No
iii. If yes to (ii) provide registration number(s): _____		

G. Required Schedules

i) Attach Schedule 1 for each individual who reviews and takes responsibility for design activities.

ii) Attach Schedule 2 where application is to construct on-site, install or repair a sewage system.

H. Completeness and compliance with applicable law		
i) This application meets all the requirements of clauses 1.3.1.3 (5) (a) to (d) of Division C of the Building Code (the application is made in the correct form and by the owner or authorized agent, all applicable fields have been completed on the application and required schedules, and all required schedules are submitted).	☑ Yes	☐ No
Payment has been made of all fees that are required, under the applicable by-law, resolution or regulation made under clause 7(1)(c) of the *Building Code Act, 1992*, to be paid when the application is made.	☑ Yes	☐ No
ii) This application is accompanied by the plans and specifications prescribed by the applicable by-law, resolution or regulation made under clause 7(1)(b) of the *Building Code Act, 1992*.	☑ Yes	☐ No
iii) This application is accompanied by the information and documents prescribed by the applicable by-law, resolution or regulation made under clause 7(1)(b) of the *Building Code Act, 1992* which enable the chief building official to determine whether the proposed building, construction or demolition will contravene any applicable law.	☑ Yes	☐ No
iv) The proposed building, construction or demolition will not contravene any applicable law.	☑ Yes	☐ No

I. Declaration of applicant

I Christina Murray declare that:
(print name)

1. The information contained in this application, attached schedules, attached plans and specifications, and other attached documentation is true to the best of my knowledge.
2. If the owner is a corporation or partnership, I have the authority to bind the corporation or partnership.

Feb 27/15 _____
Date Signature of applicant

Personal information contained in this form and schedules is collected under the authority of subsection 8(1.1) of the *Building Code Act, 1992*, and will be used in the administration and enforcement of the *Building Code Act, 1992*. Questions about the collection of personal information may be addressed to: a) the Chief Building Official of the municipality or upper-tier municipality to which this application is being made, or, b) the inspector having the powers and duties of a chief building official in relation to sewage systems or plumbing for an upper-tier municipality, board of health or conservation authority to whom this application is made, or, c) Director, Building and Development Branch, Ministry of Municipal Affairs and Housing 777 Bay St., 2nd Floor, Toronto, M5G 2E5 (416) 585-6666.

Schedule 1: Designer Information

Use one form for each individual who reviews and takes responsibility for design activities with respect to the project.

A. Project Information

Building number, street name		Unit no.	Lot/con.
282-285 Ontario Street			
Municipality	Postal code	Plan number/ other description	
St. Catharines	L2R0B4		

B. Individual who reviews and takes responsibility for design activities

Name		Firm	
Street address		Unit no.	Lot/con.
Municipality	Postal code / Province	E-mail	
Telephone number ( )	Fax number ( )	Cell number ( )	

C. Design activities undertaken by individual identified in Section B. [Building Code Table 3.5.2.1. of Division C]

☐ House .	☐ HVAC – House	☐ Building Structural
☐ Small Buildings	☐ Building Services	☐ Plumbing – House
☐ Large Buildings	☐ Detection, Lighting and Power	☐ Plumbing – All Buildings
☐ Complex Buildings	☐ Fire Protection	☐ On-site Sewage Systems

Description of designer's work

D. Declaration of Designer

I _____ declare that (choose one as appropriate):
(print name)

☐ I review and take responsibility for the design work on behalf of a firm registered under subsection 3.2.4.of Division C, of the Building Code. I am qualified, and the firm is registered, in the appropriate classes/categories.

Individual BCIN: _____

Firm BCIN: _____

☐ I review and take responsibility for the design and am qualified in the appropriate category as an "other designer" under subsection 3.2.5.of Division C, of the Building Code.

Individual BCIN: _____

Basis for exemption from registration: _____

☐ The design work is exempt from the registration and qualification requirements of the Building Code.

Basis for exemption from registration and qualification: _____

I certify that:

1. The information contained in this schedule is true to the best of my knowledge.
2. I have submitted this application with the knowledge and consent of the firm.

_____ _____
Date Signature of Designer

NOTE:

1. For the purposes of this form, "individual" means the "person" referred to in Clause 3.2.4.7(1) d).of Division C, Article 3.2.5.1. of Division C, and all other persons who are exempt from qualification under Subsections 3.2.4. and 3.2.5. of Division C.
2. Schedule 1 is not required to be completed by a holder of a license, temporary license, or a certificate of authorization, issued by the Ontario Association of Architects. Schedule 1 is also not required to be completed by a holder of a license to practise, a limited license to practise, or a certificate of authorization, issued by the Association of Professional Engineers of Ontario.

Schedule 2: Sewage System Installer Information

A. Project Information

Building number, street name		Unit number	Lot/con.
282-285 Ontario Street			
Municipality	**Postal code**	**Plan number/ other description**	
St. Catharines	L2R0B4		

B. Sewage system installer

Is the installer of the sewage system engaged in the business of constructing on-site, installing, repairing, servicing, cleaning or emptying sewage systems, in accordance with Building Code Article 3.3.1.1, Division C?

☐ Yes (Continue to Section C) ☐ No (Continue to Section E) ☐ Installer unknown at time of application (Continue to Section E)

C. Registered installer information (where answer to B is "Yes")

Name			BCIN
Street address			Unit number / Lot/con.
Municipality	Postal code	Province	E-mail
Telephone number ( )	Fax ( )		Cell number ( )

D. Qualified supervisor information (where answer to section B is "Yes")

Name of qualified supervisor(s)	Building Code Identification Number (BCIN)

E. Declaration of Applicant

I _____ declare that:
(print name)

☐ I am the applicant for the permit to construct the sewage system. If the installer is unknown at time of application, I shall submit a new Schedule 2 prior to construction when the installer is known;

OR

☐ I am the holder of the permit to construct the sewage system, and am submitting a new Schedule 2, now that the installer is known.

I certify that:

1. The information contained in this schedule is true to the best of my knowledge.
2. If the owner is a corporation or partnership, I have the authority to bind the corporation or partnership.

_____ _____
Date Signature of applicant

THE CORPORATION OF THE
CITY OF ST. CATHARINES

www.stcatharines.ca

PO Box 3012, 50 Church Street
St. Catharines, ON L2R 7C2
Tel : 905.688.5600 | Fax: 905.688-5873
TTY: 905.688.4TTY (4889)

Building and Development

Building Permit Application – Supplemental Information

(MUST BE SUBMITTED WITH THE 'APPLICATION TO CONSTRUCT OR DEMOLISH')

A. Project Information

Building number, street name	Unit Number	Lot / Con
282-285 Ontario Street		

Municipality	Postal Code	Plan number / other description
St. Catharines	L2R0B4	

B. Master Plumber ☐ Plumbing Contractor ☐

Last name	First name	Corporation or partnership

Street Address	Unit Number	

Municipality	Postal Code	Province	email

Telephone Number	Fax Number	Cell Number

C. HVAC Installer

Last name	First name	Corporation or partnership

Street Address	Unit Number	

Municipality	Postal Code	Province	email

Telephone Number	Fax Number	Cell Number

D. Tenant Information

Last name	First name	Corporation or partnership

Street Address	Unit Number	

Municipality	Postal Code	Province	email

Telephone Number	Fax Number	Cell Number

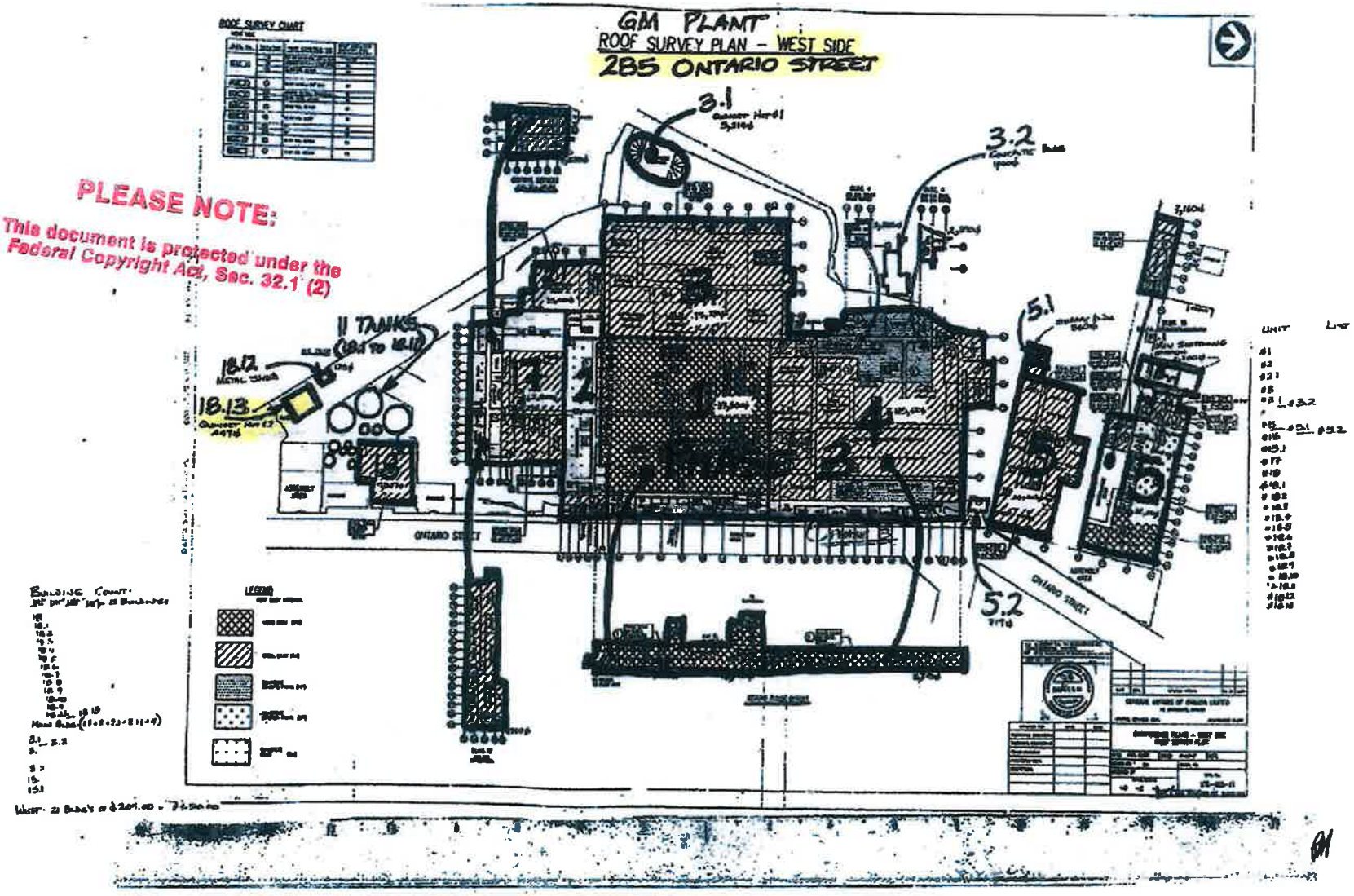
THE CORPORATION OF THE
CITY OF ST. CATHARINES

www.stcatharines.ca

PO Box 3012, 50 Church Street
St. Catharines, ON L2R 7C2
Tel : 905.688.5600 | Fax: 905.688-5873
TTY: 905.688.4TTY (4889)

PLANNING AND DEVELOPMENT SERVICES
Building and Development
Building Permit Application – Supplemental Information
(MUST BE SUBMITTED WITH THE 'APPLICATION TO CONSTRUCT OR DEMOLISH')

[illegible]		[illegible]	[illegible]	[illegible]
[illegible]				
CONSTRUCT	Gross Floor Area to be Constructed (SqFt)			
	Building Area to be Constructed (SqFt)			
	Number of Existing Dwelling Units			
	Number of New Dwelling Units			
[illegible]				
DEMOLISH	Gross Floor Area to be Demolished (SqFt)			
	Building Area to be Demolished (SqFt)		1,354,000	
	Number of Stories to be Demolished		1-3	
	Number of Dwelling Units to be Demolished		0	
[illegible]				
SITE SERVICING (new service)	D&D Review Required ☐ Yes ☐ No			
	Linear feet of D.S.W. 4 " or less	$0.46		
	Linear meters of D.S.W. 100mm or less	$1.51		
	Linear feet of D.S.W. over 4 "	$0.73		
	Linear meters of D.S.W. over 100mm	$2.40		
	# of Manholes, Catchbasins, Firehydrants	$33.00		
[illegible]	☐ [illegible] ☐ [illegible]			
Replacement of :	D&D Review Required ☐ Yes ☐ No			
Sanitary Sewer ☐	Linear feet of D.S.W. 4 " or less	$0.46		
Storm Sewer ☐	Linear meters of D.S.W. 100mm or less	$1.51		
Building Drain &/or ☐	Linear feet of D.S.W. over 4 "	$0.73		
Water Service ☐	Linear meters of D.S.W. over 100mm	$2.40		
	# of Manholes, Catchbasins, Firehydrants	$33.00		
[illegible]	Linear feet of D.S.W. 4" or less	$0.46		
(new , altered or replaced)	Linear meters of D.S.W. 100mm or less	$1.61		
	# of Fixtures	$13.20 / fixture		
[illegible]	# of Testable Devices	$13.20 / device		
[illegible]		$150 flat rate		
[illegible]		$110 flat rate		
[illegible]		$110 flat rate		
[illegible]		$190 per unit		



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1 of 2

285 ONTARIO STREET: WEST BLDG

= AREA - 650,619 ft²

15 102268 IL: MAIN BUILDING: 550,830 ft²
(PHASE 3)

#1 - GRD FLR. =	117,500
#1 - 2ND FLR MEZZ. =	16,710
#2 - GRD FLR. =	45,000
#2.1 - GRD FLR. =	15,000
#3 - GRD FLR. =	75,330
#4 - GRD FLR. =	179,430
#4 - 2ND FLR. MEZZ. =	16,715
#4 - 2ND FLR ABOVE TRUCK PASSAGE =	2,385
#4 - 2ND FLR BACK RM =	2,390
#17 - GRD FLR =	62,880
#17 - 2ND FLR =	11,940
#17 - 3RD FLR =	9,550
	550,830

15 102269 IL - BUILDING (#18): 9,507 ft²

15 102270 IL - 11 TANKS (18.1 TO 18.11) - NO SQ.FT = 0 SQ.FT

15 102272 IL - METAL SHED (18.12): 125 ft²

15 102273 IL - QUANSET HUT #1 (18.13): 447 ft²

15 102274 IL - QUANSET HUT #2 (3.1): 5,214 ft²

15 102276 IL - CONCRETE BLDG (312): 1,000 ft²

15 102277 IL - BUILDING 5 + 5.1: 34,785 ft²

#5 :	34,245
#5.1 :	540
	34,785

15 102278 IL - BUILDING 192: 719 ft²

15 102279 IL - BUILDING 15: 43,792 ft²

#15 - GRD. FLR =	36,632
#15 - 2ND FLR =	7,160
	43,792

15 102280 IL - MAIN SWITCHING BUILDING (15.1): = 4200 ft²

21 DEMO PERMITS
↳ 11 DEMO PERMITS (LUMP 11 TANKS INTO 1 DEMO PERMIT)

CITY OF ST CATHARINES
PLANNING AND DEVELOPMENT SERVICES
BUILDING SECTION

DEMOLITION PERMIT APPLICATION – SERVICES DECLARATION

This form **must** be completed with all applications.

Date: February 27, 2015 **Project No:** 15 102273 IL

Address: 282 Ontario St, St Catharines

1. a) Do you have a **water line?** ☒ Yes ☐ No

   b) **If yes, do you wish to:**

   REMOVE the water service at watermain? (work order required – fees to be paid at time of application) ☒ **(See Note 7)**

   REUSE the water service at the property line? (no work order required – no fees required) ☐

2. Do you have a **water meter** to be removed? (work order required – fees invoiced after work completed) ☒ Yes **(See Note 6)** ☐ No

3. a) Do you have a **sanitary sewer line?** ☒ Yes ☐ No

   b) **If yes, do you wish to:**

   REMOVE the existing sanitary sewer lateral at the property line? (work order required – fees to be paid at time of application) ☒ **(See Note 7)**

   REUSE the existing sanitary sewer lateral at the property line? (no work order required – no fees required) ☐ **(See Note 5)**

4. a) Do you have a **storm sewer line?** ☒ Yes ☐ No

   b) **If yes, do you wish to:**

   REMOVE the existing storm sewer lateral at the property line? (work order required – fees to be paid at time of application) ☒ **(See Note 7)**

   REUSE the existing storm sewer lateral at the property line? (no work order required – no fees required) ☐

5. If the applicant wishes to reuse the existing sewer lateral, a TV camera sewer lateral inspection, as per 'Schedule of Rates and Fees', applies. The applicant is responsible to contact the Sewer Foreman at 905-688-5601, Extension 2222 and arrange a time and date to complete the lateral inspection.
   Please note – The lateral shall be accessible at time of inspection. No further building permits can be issued for this property until the inspection is complete.

6. There will be a charge to turn the water off as per 'Schedule of Rates and Fees'. The fee will be charged by the Water Billing Department upon removal of water meter.

7. The following only applies for the removal of the water service and/or sewer laterals:
   - Fees for the removal of existing services will be as per "Schedule of Rates and Fees". Applicant is advised to review Schedule of Rates and Fees.
   - The water services will be removed at the source watermain in the road and will not be re-useable.
   - The sewer services will be capped at the property line and will not be re-useable.

Date of Demolition: April 27, 2015

Contact Name (Print): William Bartels or Christina Murray

Contact Telephone Number: 905 312 9506 x 304

I HAVE BEEN ADVISED THAT IT IS THE OWNER'S RESPONSIBILITY TO CONTACT FINANCIAL MANAGEMENT SERVICES @ EXT. 1456 TO DETERMINE IF THERE ARE ANY PROPERTY TAX IMPLICATIONS.

Signature of Applicant

Note:
Separate work orders are required for items 1 – 4 above.
For all work orders raised in conjunction with a permit application, a copy of this application must be faxed to LSSC.
- Forward to Sewer Foreman.
- Attach a copy of building receipt.
- Provide copy to applicant

g:\pds-forms\demolition permit application-services declaration-apr2012.docm

Date: Feb 27/15

Planning and Development Services
Building Section

Re: Utility Clearance for Demolition Permit

I, Christina Murray, applicant for a ***Permit to Demolish***

Project File No.: 15 102273 IL

Address: 282-285 Ontario Street, St. Catharines - GM Plant

have notified the following utilities:

1.	**Horizon Utilities Corp,**	
	Enbridge Gas,	**1-800-400-2255**
	Bell Canada	
2.	**Cogeco Cable**	**1-800-267-9000**

I understand City staff will attend to the property concerning water and sewer services, and notices pursuant to the Ontario Heritage Act and Ministry of Labour

Signature of Applicant

PDS\Forms\UtilClearance
March 2012

"I" Application/Permit Documents

15 102273IL

City of St. Catharines
stcatharines.ca

St. Church Street, P.O. Box 3012
St. Catharines, ON L2R 7C2
Tel: 905-688-5600
TTY: 905 688-4TTY (4889)

DEMOLITION PERMIT CHECKLIST

MARCH 05, 2013

205.00

AMANDA FOLDER INFORMATION	15 102273 IL
ADDRESS / LOCATION:	285 ONTARIO STREET (WEST BLDG)
GROUP: **BSP**	
TYPE:	IL
SUB-TYPE:	MANUFACTURING PLANT
WORK PROPOSED:	DEMOLISH
DESCRIPTION:	DEMOLISH QUANSET HUT (BLDG # 18.13 = ± 447m²)
NUMBER OF EXISTING DWELLING UNITS:	Ø
NUMBER OF DWELLING UNITS TO BE DEMOLISHED / LOST:	Ø
STATS CANADA BUILDING AREA SQ.FT / M:	**0**
NEW GROSS FLOOR AREA:	**0**

WEST BUILDING	PERMIT TIME:		10
	Commercial / Residential: (Y)	N	$205.00
D & D Review Required?	(Y)	N	
Fire Review Required?	(Y)	N	
Plumbing Review Required?	(Y)	N	
Sidewalk Deposit Review Required?	(Y)	N	TBD
HVAC Review Required?	(Y)	N	
Decommission Water Service?	Y	N	$
Decommission Sanitary Service?	Y	N	$ TBD
Decommission Storm Service?	Y	N	$
Inspect Existing Sanitary Service?	Y	N	$

BUILDING CHECK

Inspector: [signature]

APPROVAL	REQ'D	REC'D	APPROVAL	REQ'D	REC'D
Heritage Act	Y (N)		Tenant Protection Act (5 or more units)	Y (N)	
Non-Designated Heritage Property	Y (N)		Utility Form	(Y) N	
Niagara Escarpment Commission	Y (N)		Water / Lateral Services Declaration Form	(Y) N	
Engineer Review	(Y) N	SEE P.ENG REPORT	Zoning – ALL Accessory Structures must be demolished along with main dwelling	(Y) N	

AGENCIES NOTIFIED

Clerk: _____

APPROVAL	REQ'D	REC'D	APPROVAL	REQ'D	REC'D
Ministry of Labour	Y N		City Utilities	Y N	

Remarks:
- ☐ O/A D & D FEES TBD
- ☐ O/A SIDEWALK DAMAGE DEPOSIT TBD
- ☐ FEES IN THE AMOUNT OF $205.00

DATE: APPROVED:

g:\tes-forms\demolitionpermitchklst-Jan2010.doc

"I" Application/Permit Documents 15 102273 IL

CITY OF ST. CATHARINES

PLANNING AND BUILDING
SERVICES DEPARTMENT

CITY HALL
50 CHURCH STREET
P.O. BOX 3012
ST. CATHARINES, ONTARIO L2R 7C2

TEL (905)-688-5601. EXT. 1660
FAX. (905)-688-5873

PERMIT

PERMISSION IS HEREBY GRANTED TO OWNER OF LAND TO:

Work Proposed: Demolish — Project #: 15 102273 IL
Manufacturing Plants — Industrial
Demolish Quanset Hut (Building #18.13) - West Building- O/A D&D Fees TBD- O/A Sidewalk Dame
Property Roll Number:2629040030056000000 — Application Date: March 05, 2015
Site Address: 285 Ontario Street Unit 0000 St. Catharines L1H 8P7 — Issued: May 11, 2015
Legal Description: See comment tab.

Applicant: Budget Environmental Disposal Inc
375 Gage Avenue Hamilton ON ON L8L 7B1 — Work: (289) 639-9540 — Fax: (905) 543-0244
Owner: 2390541 Ontario Inc
282 Ontario Street St. Catharines ON ON L2R 0B4 — Work: (905) 228-1712 — Home: (905) -

On the said premise in accordance with plans and/or documents submitted to the Chief Building Official and subjected to the conditions in our letter dated: Mar 26, 2015

Demolition Inspection

IMPORTANT

THE OWNER, CONTRACTOR OR AUTHORIZED AGENT OF THE OWNER SHALL NOTIFY THE BUILDING SECTION AT LEAST 48 HOURS IN ADVANCE OF THE ABOVE NOTED INSPECTIONS. PLEASE QUOTE YOUR PROJECT NUMBER.

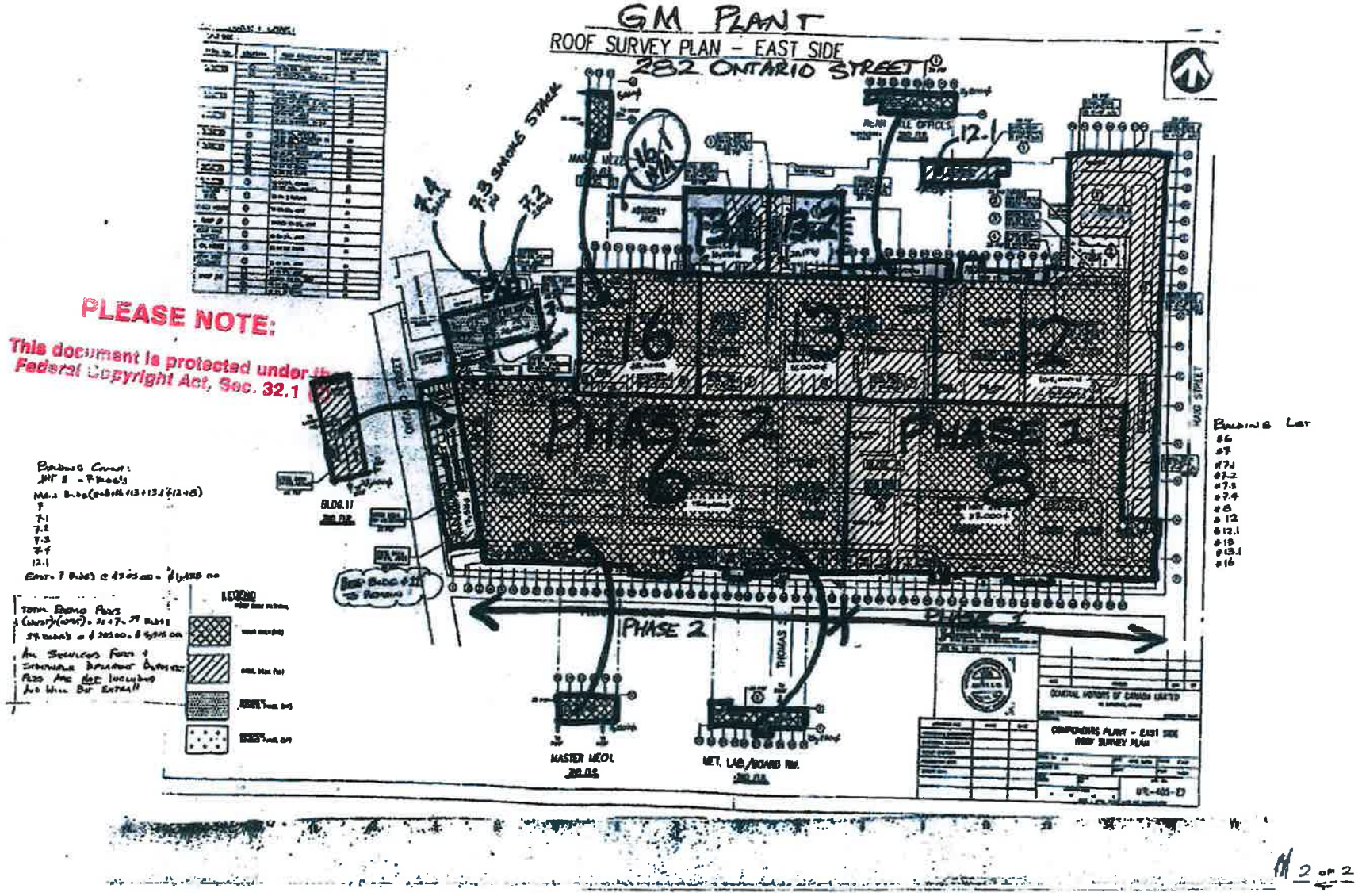
CALL 688-5601 Ext 1660 (TTY: 905-688-4889)

THE APPROVED PERMIT DRAWINGS MUST BE KEPT ON THE CONSTRUCTION SITE AND MADE AVAILABLE TO THE INSPECTOR. COVERING WORK PRIOR TO INSPECTION MAY RESULT IN DELAYS AND REMOVAL OF FINISHES

1. All work must be completed in accordance with plans and/or documents submitted to the Chief Building Official and/or authorized changes by the Chief Building Official.
2. This permit will be revoked after six months if the work described has not been seriously commenced or if the work is substantially suspended or discontinued for a period of time.
3. This permit is granted on the express condition that the said work in all respects conforms to the provisions of the Ontario Building Code and any other relevant by-laws of the City of St. Catharines.
4. Permission must be obtained from the City Engineer and/or the Regional Engineer to occupy the road allowance (the street, the boulevard and sidewalk) or effect changes to same.
5. The project is subject to the requirements of the Occupational Health and Safety Act.
6. The owner, contractor, or authorized agent shall be responsible for verifying that the proposed work will not interfere with public services including gas, hydro, sewer, water, telephone and cable television.
7. Any future use of the property after demolition shall be in accordance with the Zoning By-laws and Site Plan Control By-law.

Date Signed: May 11, 2015 Authorized Signature: _____
Chief Building Official

OFFICE COPY



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2 of 2

282 ONTARIO STREET - EAST BLDG.

= AREA = 640,665 ft

MAIN BUILDING TOTAL = 611,375 ft

- MAIN BUILDING: PHASE 1 = 221,000 ft

#8	GRD FLR	=	117,000
#12	GRD FLR	=	104,000
			221,000

- MAIN BUILDING: PHASE 2 = 349,259 ft

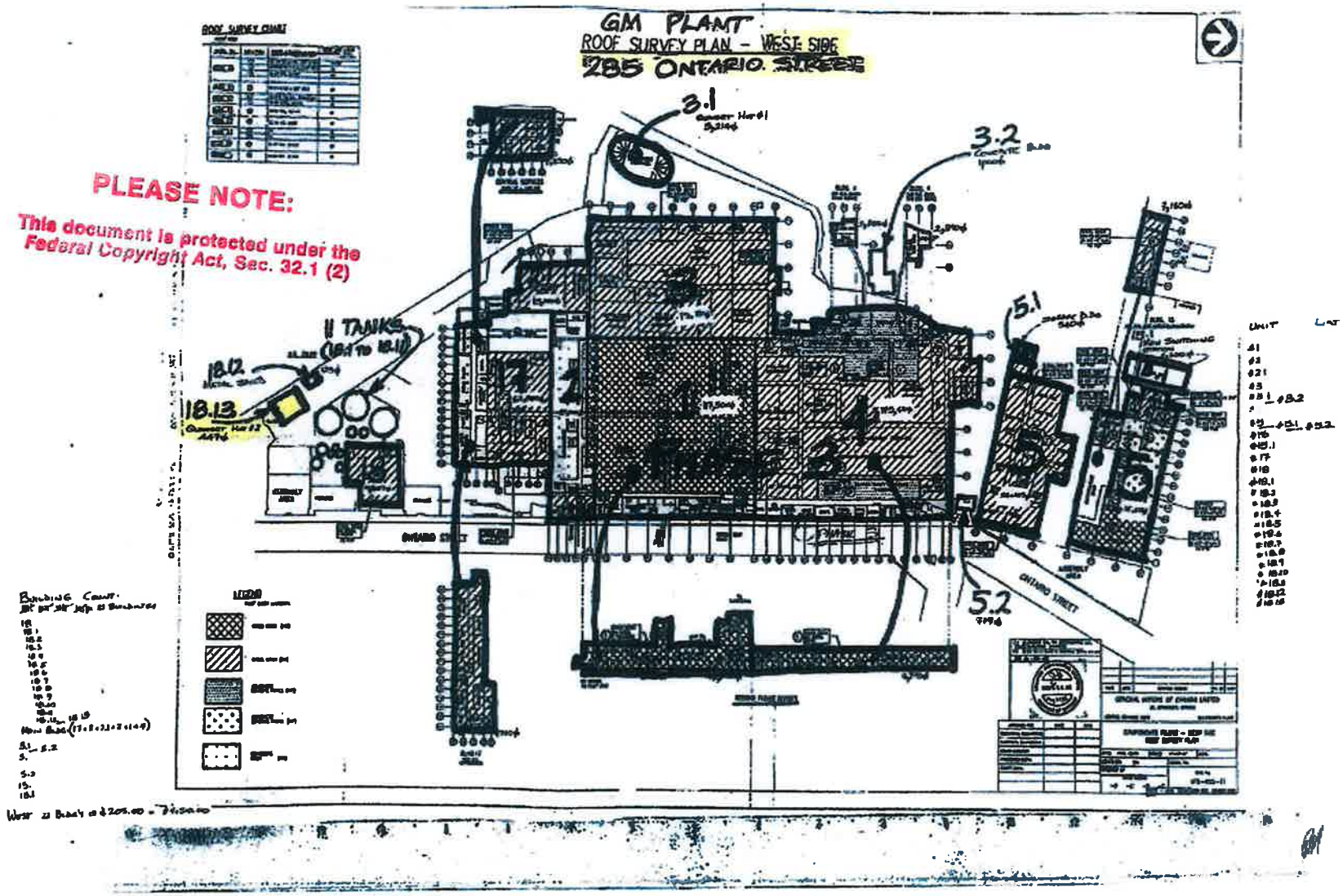
#6	GRD. FLR	=	154,000
#6	2ND FLR - MECH OFFICES	=	7,860
#6	2ND FLR - LAB + BOILER ROOM	=	15,730
#16	GRD. FLR.	=	45,000
#16	2ND FLR - MECHANICAL	=	7860
#13	GRD. FLR	=	76,000
#13.1	GRD. FLR	=	10,833
#13.2	GRD. FLR	=	20,179
#13.2	2ND FLR OFFICES	=	11,800
			349,259 ft

BUILDING #11: TO REMAIN = (41,116 ft)

#11	GRD. FLR.	=	17,516
#11	2ND FLR.	=	23,600
			41,116 ft

- BUILDING #7.1 = 24,085 ft
- BUILDING #7.1 = 280 ft
- BUILDING #7.2 = 230 ft
- BUILDING #7.3 - SMOKE STACK = 0 ft
- BUILDING #7.4 = 240 ft
- OIL HOUSE (12.1) = 4455 ft

8 DEMO PERMITS:



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1 of 2

285 ONTARIO STREET: WEST BLDG
= AREA - 650,619 ft

- MAIN BUILDING: 550,830 ft

#1 - GRD FLR =	117,500
#1 - 2ND FLR MEZZ =	16,710
#2 - GRD FLR =	45,000
#2.1 - GRD FLR =	15,000
#3 - GRD FLR =	75,330
#4 - GRD FLR =	179,430
#4 - 2ND FLR. MEZZ =	16,715
#4 - 2ND FLR ABOVE TRUCK PLATFORM =	2,385
#4 - 2ND FLR ELEC. RM =	2,390
#17 - GRD FLR =	63,880
#17 - 2ND FLR =	11,940
#17 - 3RD FLR =	9,550
	550,830

- BUILDING (#18): 9507 ft

- 11 TANKS (18.1 TO 18.11) - NO SQ.FT = 0 SQ.FT
- METAL SHED (18.12): 125 ft
- QUONSET HUT #1 (18.13): 447 ft
- QUONSET HUT (3.1): 5,214 ft
- CONCRETE BLDG (3.2): 1,000 ft
- BUILDING 5 + 5.1: 34,785 ft

#5 =	34,245
#5.1 =	540
	34,785

- BUILDING 5.2: 719 ft
- BUILDING 15: 43,742 ft

#15 - GRD. FLR =	36,632
#15 - 2ND FLR =	7,160
	43,742

- MAIN SWITCHING BUILDING (15.1): 4200 ft

21 DEMO PERMITS
↳ 11 DEMO PERMITS (LUMP 11 TANKS INTO 1 DEMO PERMIT)

"J"

15 102274 IL - 285 Ontario St.

CITY OF ST. CATHARINES
T.E.S. DEPARTMENT BUILDING SECTION
CERTIFIED DRAWINGS
SUBMITTED FOR
CONSTRUCTION UNDER
PROJECT No. 15 102274 IL
THESE DRAWINGS MUST BE AVAILABLE ON THE SITE UNTIL COMPLETION OF CONSTRUCTION
DATE May 11/15
PER MANAGER OF BUILDING & DEVELOPMENT

15 102276 IL
15 102277 IL
15 102278 IL

BUILDING PERMIT IS ISSUED SUBJECT TO THE CONDITIONS OUTLINED IN THE ATTACHED LETTER OF APPROVAL DATED

May 20/2015

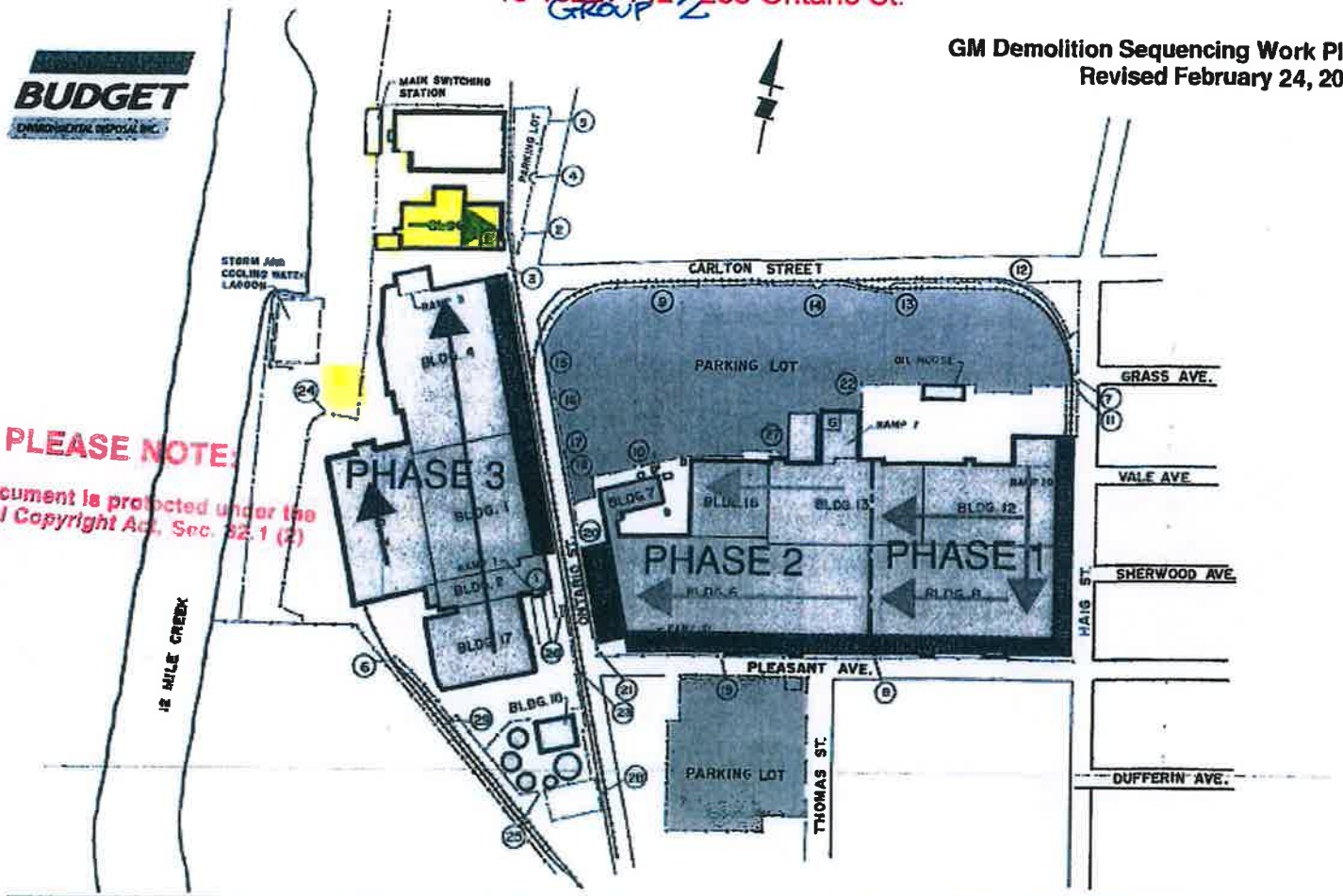
OFFICE COPY

"J"

15 102274 JL - 285 Ontario St.
GROUP 2

GM Demolition Sequencing Work Plan
Revised February 24, 2015

BUDGET
ENVIRONMENTAL DISPOSAL INC.



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Legend	Project Information
Phase 1 - East Side Direction of Demolition Sequencing Building 11 & Tunnel - To be isolated and to remain Street side bay and wall to remain until the end - dust control measure Phase 1 & Phase 2 dividing line Phase 2 - East Side Direction of Demolition Sequencing Phase 3 - West Side Direction of Demolition Sequencing	Project: Former Ontario St GM Plant, St Catharines Contractor: Budget Environmental Disposal Inc Date: February 10, 2014 Site Contacts: Bayshore Developments: Project Manager: Lazlo Joanpvits - 416 949 8771 Budget Environmental Disposal Inc: Project Manager: William Bartels - 905 971 9004

Application for a Permit to Construct or Demolish

This form is authorized under subsection 8(1.1) of the Building Code Act.

For use by Principal Authority

Application number:	Permit number (if different): 15 102274 IL
Date received: MARCH 05, 2015	Roll number:

6 of 11

Application submitted to: CITY OF ST CATHARINES
(Name of municipality, upper-tier municipality, board of health or conservation authority)

A. Project information

Building number, street name	Unit number	Lot/con.
285 Ontario Street (QUANSET HUT #2 - BLDG. #3.1)		

Municipality	Postal code	Plan number/other description
St. Catharines	L2R0B4	

Project value est. $	Area of work (m²)
$3,700,000.00 TOTAL	(125,836 TOTAL) +/- 5,214 m²

B. Purpose of application

☐ New construction ☐ Addition to an existing building ☐ Alteration/repair ☑ Demolition ☐ Conditional Permit

Proposed use of building	Current use of building
Vacant	Industrial Buildings

Description of proposed work
Abatement and Demolition of the existing GM Plant

C. Applicant

Applicant is: ☐ Owner or ☑ Authorized agent of owner

Last name	First name	Corporation or partnership	
Murray	Christina	Budget Environmental Disposal Inc.	
Street address		**Unit number**	**Lot/con.**
375 Gage Ave N			
Municipality	**Postal code**	**Province**	**E-mail**
Hamilton	L8L7B1	Ontario	ashley@budgetbin.ca
Telephone number	**Fax**		**Cell number**
(289) 639-9540	(905)543-0244		(905) 961-0084

D. Owner (if different from applicant)

Last name	First name	Corporation or partnership	
Megna	Robert	BayShore International (BSI)	
Street address		**Unit number**	**Lot/con.**
282 Ontario Street			
Municipality	**Postal code**	**Province**	**E-mail**
St. Catharines	L2R0B4	Ontario	
Telephone number	**Fax**		**Cell number**
(905) 228 1712	( )		( )

E. Builder (optional)

Last name	First name	Corporation or partnership (if applicable)	
Street address		Unit number	Lot/con.
Municipality	Postal code	Province	E-mail
Telephone number ( )	Fax ( )	Cell number ( )	

F. Tarion Warranty Corporation (Ontario New Home Warranty Program)

i.	Is proposed construction for a new home as defined in the *Ontario New Home Warranties Plan Act*? If no, go to section G.	☐ Yes	☑ No
ii.	Is registration required under the *Ontario New Home Warranties Plan Act*?	☐ Yes	☑ No

iii. If yes to (ii) provide registration number(s): _____

G. Required Schedules

i) Attach Schedule 1 for each individual who reviews and takes responsibility for design activities.

ii) Attach Schedule 2 where application is to construct on-site, install or repair a sewage system.

H. Completeness and compliance with applicable law

i) This application meets all the requirements of clauses 1.3.1.3 (5) (a) to (d) of Division C of the Building Code (the application is made in the correct form and by the owner or authorized agent, all applicable fields have been completed on the application and required schedules, and all required schedules are submitted).	☑ Yes	☐ No
Payment has been made of all fees that are required, under the applicable by-law, resolution or regulation made under clause 7(1)(c) of the *Building Code Act, 1992*, to be paid when the application is made.	☑ Yes	☐ No
ii) This application is accompanied by the plans and specifications prescribed by the applicable by-law, resolution or regulation made under clause 7(1)(b) of the *Building Code Act, 1992*.	☑ Yes	☐ No
iii) This application is accompanied by the information and documents prescribed by the applicable by-law, resolution or regulation made under clause 7(1)(b) of the *Building Code Act, 1992* which enable the chief building official to determine whether the proposed building, construction or demolition will contravene any applicable law.	☑ Yes	☐ No
iv) The proposed building, construction or demolition will not contravene any applicable law.	☑ Yes	☐ No

I. Declaration of applicant

I Christina Murray declare that:
(print name)

1. The information contained in this application, attached schedules, attached plans and specifications, and other attached documentation is true to the best of my knowledge.
2. If the owner is a corporation or partnership, I have the authority to bind the corporation or partnership.

Feb 27/15
Date

Signature of applicant

Personal information contained in this form and schedules is collected under the authority of subsection 8(1.1) of the *Building Code Act, 1992*, and will be used in the administration and enforcement of the *Building Code Act, 1992*. Questions about the collection of personal information may be addressed to: a) the Chief Building Official of the municipality or upper-tier municipality to which this application is being made, or, b) the inspector having the powers and duties of a chief building official in relation to sewage systems or plumbing for an upper-tier municipality, board of health or conservation authority to whom this application is made, or, c) Director, Building and Development Branch, Ministry of Municipal Affairs and Housing 777 Bay St., 2nd Floor. Toronto, M5G 2E5 (416) 585-6666.

Schedule 1: Designer Information

Use one form for each individual who reviews and takes responsibility for design activities with respect to the project.

A. Project Information

Building number, street name		Unit no.	Lot/con.
282-285 Ontario Street			
Municipality	Postal code	Plan number/ other description	
St. Catharines	L2R0B4		

B. Individual who reviews and takes responsibility for design activities

Name		Firm	
Street address		Unit no.	Lot/con.
Municipality	Postal code / Province	E-mail	
Telephone number ( )	Fax number ( )	Cell number ( )	

C. Design activities undertaken by individual identified in Section B. [Building Code Table 3.5.2.1. of Division C]

☐ House	☐ HVAC – House	☐ Building Structural
☐ Small Buildings	☐ Building Services	☐ Plumbing – House
☐ Large Buildings	☐ Detection, Lighting and Power	☐ Plumbing – All Buildings
☐ Complex Buildings	☐ Fire Protection	☐ On-site Sewage Systems

Description of designer's work

D. Declaration of Designer

I _____ declare that (choose one as appropriate):
(print name)

☐ I review and take responsibility for the design work on behalf of a firm registered under subsection 3.2.4.of Division C, of the Building Code. I am qualified, and the firm is registered, in the appropriate classes/categories.
Individual BCIN: _____
Firm BCIN: _____

☐ I review and take responsibility for the design and am qualified in the appropriate category as an "other designer" under subsection 3.2.5.of Division C, of the Building Code.
Individual BCIN: _____
Basis for exemption from registration: _____

☐ The design work is exempt from the registration and qualification requirements of the Building Code.
Basis for exemption from registration and qualification: _____

I certify that:

1. The information contained in this schedule is true to the best of my knowledge.
2. I have submitted this application with the knowledge and consent of the firm.

_____ _____
Date Signature of Designer

NOTE:

1. For the purposes of this form, "individual" means the "person" referred to in Clause 3.2.4.7(1) d).of Division C, Article 3.2.5.1. of Division C, and all other persons who are exempt from qualification under Subsections 3.2.4. and 3.2.5. of Division C.
2. Schedule 1 is not required to be completed by a holder of a license, temporary license, or a certificate of authorization, issued by the Ontario Association of Architects. Schedule 1 is also not required to be completed by a holder of a license to practise, a limited license to practise, or a certificate of authorization, issued by the Association of Professional Engineers of Ontario.

Schedule 2: Sewage System Installer Information

A. Project Information			
Building number, street name 282-285 Ontario Street		Unit number	Lot/con.
Municipality St. Catharines	Postal code L2R0B4	Plan number/ other description	

B. Sewage system installer

Is the installer of the sewage system engaged in the business of constructing on-site, installing, repairing, servicing, cleaning or emptying sewage systems, in accordance with Building Code Article 3.3.1.1, Division C?

☐ Yes (Continue to Section C) ☐ No (Continue to Section E) ☐ Installer unknown at time of application (Continue to Section E)

C. Registered Installer Information (where answer to B is "Yes")				
Name			BCIN	
Street address			Unit number	Lot/con.
Municipality	Postal code	Province	E-mail	
Telephone number ( )	Fax ( )		Cell number ( )	

D. Qualified supervisor information (where answer to section B is "Yes")	
Name of qualified supervisor(s)	Building Code Identification Number (BCIN)

E. Declaration of Applicant

I _____ declare that:
(print name)

☐ I am the applicant for the permit to construct the sewage system. If the installer is unknown at time of application, I shall submit a new Schedule 2 prior to construction when the installer is known;

OR

☐ I am the holder of the permit to construct the sewage system, and am submitting a new Schedule 2, now that the installer is known.

I certify that:

1. The information contained in this schedule is true to the best of my knowledge.
2. If the owner is a corporation or partnership, I have the authority to bind the corporation or partnership.

_____ _____
Date Signature of applicant

THE CORPORATION OF THE
CITY OF ST. CATHARINES

www.stcatharines.ca

PO Box 3012, 50 Church Street
St. Catharines, ON L2R 7C2
Tel : 905.688.5600 | Fax: 905.688-5873
TTY: 905.688.4TTY (4889)

Building and Development

Building Permit Application – Supplemental Information

(MUST BE SUBMITTED WITH THE 'APPLICATION TO CONSTRUCT OR DEMOLISH')

A. Project Information			
Building number, street name: 282-285 Ontario Street		Unit Number	Lot / Con
Municipality: St. Catharines	Postal Code: L2R0B4	Plan number / other description	

B. Master Plumber ☐ Plumbing Contractor ☐			
Last name	First name	Corporation or partnership	
Street Address		Unit Number	
Municipality	Postal Code	Province	email
Telephone Number	Fax Number	Cell Number	

C. HVAC Installer			
Last name	First name	Corporation or partnership	
Street Address		Unit Number	
Municipality	Postal Code	Province	email
Telephone Number	Fax Number	Cell Number	

D. Designer Information			
Last name	First name	Corporation or partnership	
Street Address		Unit Number	
Municipality	Postal Code	Province	email
Telephone Number	Fax Number	Cell Number	

THE CORPORATION OF THE
CITY OF ST. CATHARINES

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PLANNING AND DEVELOPMENT SERVICES
Building and Development
Building Permit Application – Supplemental Information
(MUST BE SUBMITTED WITH THE 'APPLICATION TO CONSTRUCT OR DEMOLISH')

FEE INFORMATION		UNIT COST	NO UNITS	COST OF WORK
BUILDING INFORMATION				
CONSTRUCT	Gross Floor Area to be Constructed (SqFt)			
	Building Area to be Constructed (SqFt)			
	Number of Existing Dwelling Units			
	Number of New Dwelling Units			
BUILDING INFORMATION				
DEMOLISH	Gross Floor Area to be Demolished (SqFt)			
	Building Area to be Demolished (SqFt)		1,354,000	
	Number of Stories to be Demolished		1-3	
	Number of Dwelling Units to be Demolished		0	
PERMISSION				
SITE SERVICING (new service)	D&D Review Required ☐ Yes ☐ No			
	Linear feet of D.S.W. 4 " or less	$0.46		
	Linear meters of D.S.W. 100mm or less	$1.51		
	Linear feet of D.S.W. over 4 "	$0.73		
	Linear meters of D.S.W. over 100mm	$2.40		
	# of Manholes, Catchbasins, Firehydrants	$33.00		
PLUMBING	☐ RESIDENTIAL ☐ NON-RESIDENTIAL			
Replacement of :	D&D Review Required ☐ Yes ☐ No			
Sanitary Sewer ☐	Linear feet of D.S.W. 4 " or less	$0.46		
Storm Sewer ☐	Linear meters of D.S.W. 100mm or less	$1.51		
Building Drain &/or ☐	Linear feet of D.S.W. over 4 "	$0.73		
Water Service ☐	Linear meters of D.S.W. over 100mm	$2.40		
	# of Manholes, Catchbasins, Firehydrants	$33.00		
ALL NEW PLUMBING	Linear feet of D.S.W. 4" or less	$0.46		
(new, altered or replaced)	Linear meters of D.S.W. 100mm or less	$1.61		
	# of Fixtures	$13.20 / fixture		
Backflow Prevention	# of Testable Devices	$13.20 / device		
FLAP Application		$150 flat rate		
Septic tank Changeover		$110 flat rate		
Minimum Permit Fee		$110 flat rate		
HVAC Only		$190 per unit		

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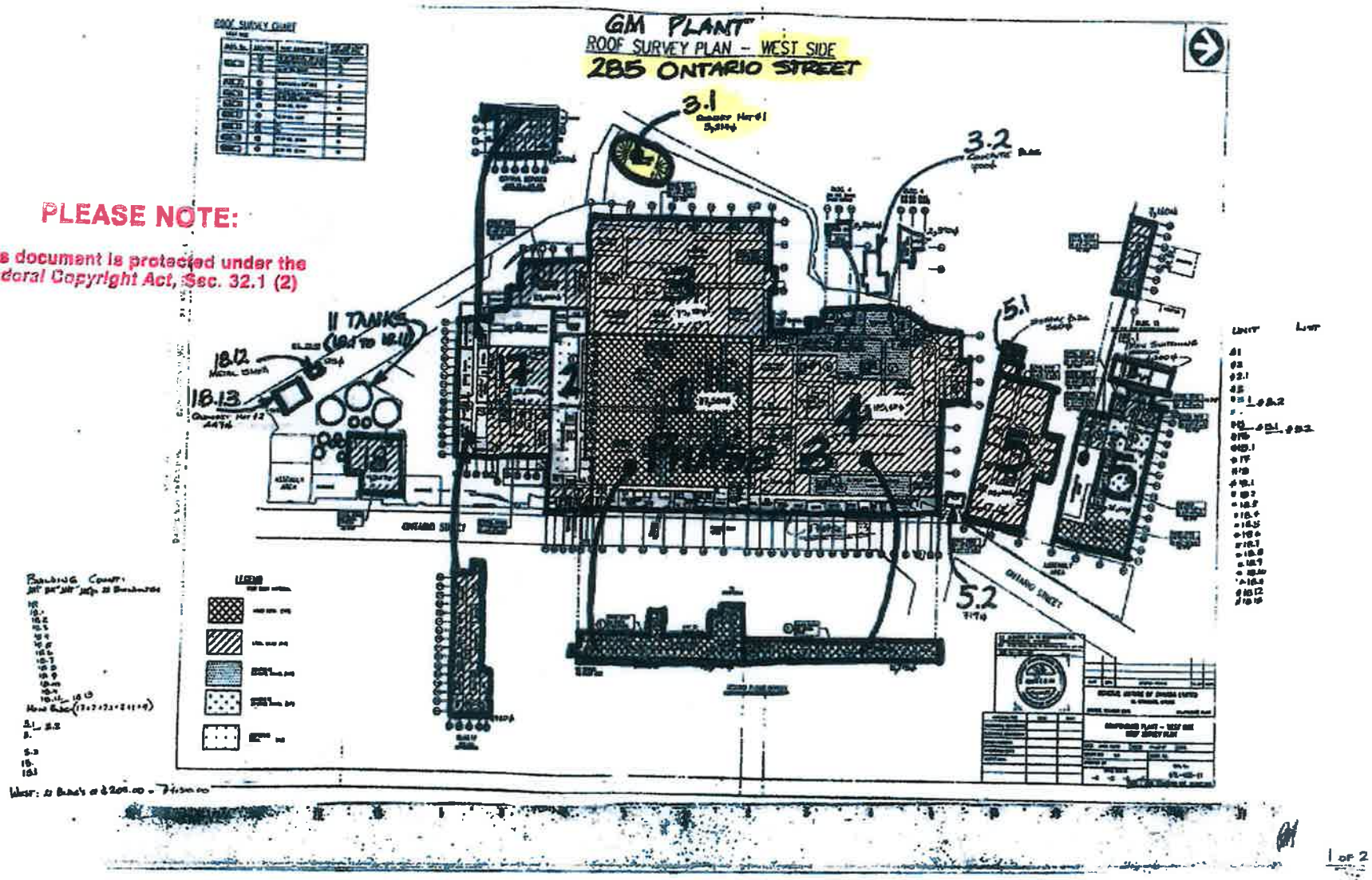


285 ONTARIO STREET: WEST BLDG

= AREA = 650,619 ф

15 102268 IL: MAIN BUILDING: 550,830 ф (PHASE 3)

#1 - GRD FLR. =	117,500
#1 - 2ND FLR MEZZ =	16,710
#2 - GRD FLR. =	45,000
#2.1 - GRD FLR. =	15,000
#3 - GRD FLR. =	75,330
#4 - GRD FLR. =	179,430
#4 - 2ND FLR. MEZZ =	16,715
#4 - 2ND FLR ABOVE TRUCK PASSAGE =	2,385
#4 - 2ND FLR ELEC. RM =	2,390
#17 - GRD FLR =	62,880
#17 - 2ND FLR =	11,940
#17 - 3RD FLR =	9,550
	550,830

15 102269 IL - BUILDING (#18): 9,507 ф

15 102270 IL - 11 TANKS (18.1 TO 18.11) - NO SQ.FT = 0 SQ.FT

15 102272 IL - METAL SHED (18.12): 125 ф

15 102273 IL - QUANSET HUT #1 (18.13): 447 ф

15 102274 IL - QUANSET HUT #2 (3.1): 5,214 ф

15 102276 IL - CONCRETE BASE (3.2): 1,000 ф

15 102277 IL - BUILDING 5 + 5.1: 34,785 ф

#5 :	34,245
#5.1 :	540
	34,785

15 102278 IL - BUILDING 5.2: 719 ф

15 102279 IL - BUILDING 15: ~~45,772 ф~~ 43,792

#15 - GRD. FLR =	36,632
#15 - 2ND FLR =	7,160
	43,792

15 102280 IL - MAIN SWITCHING BUILDING (15.1): 4200 ф

21 DEMO PERMITS
L> 11 DEMO PERMITS (LUMP 11 TANKS INTO 1 DEMO PERMIT)

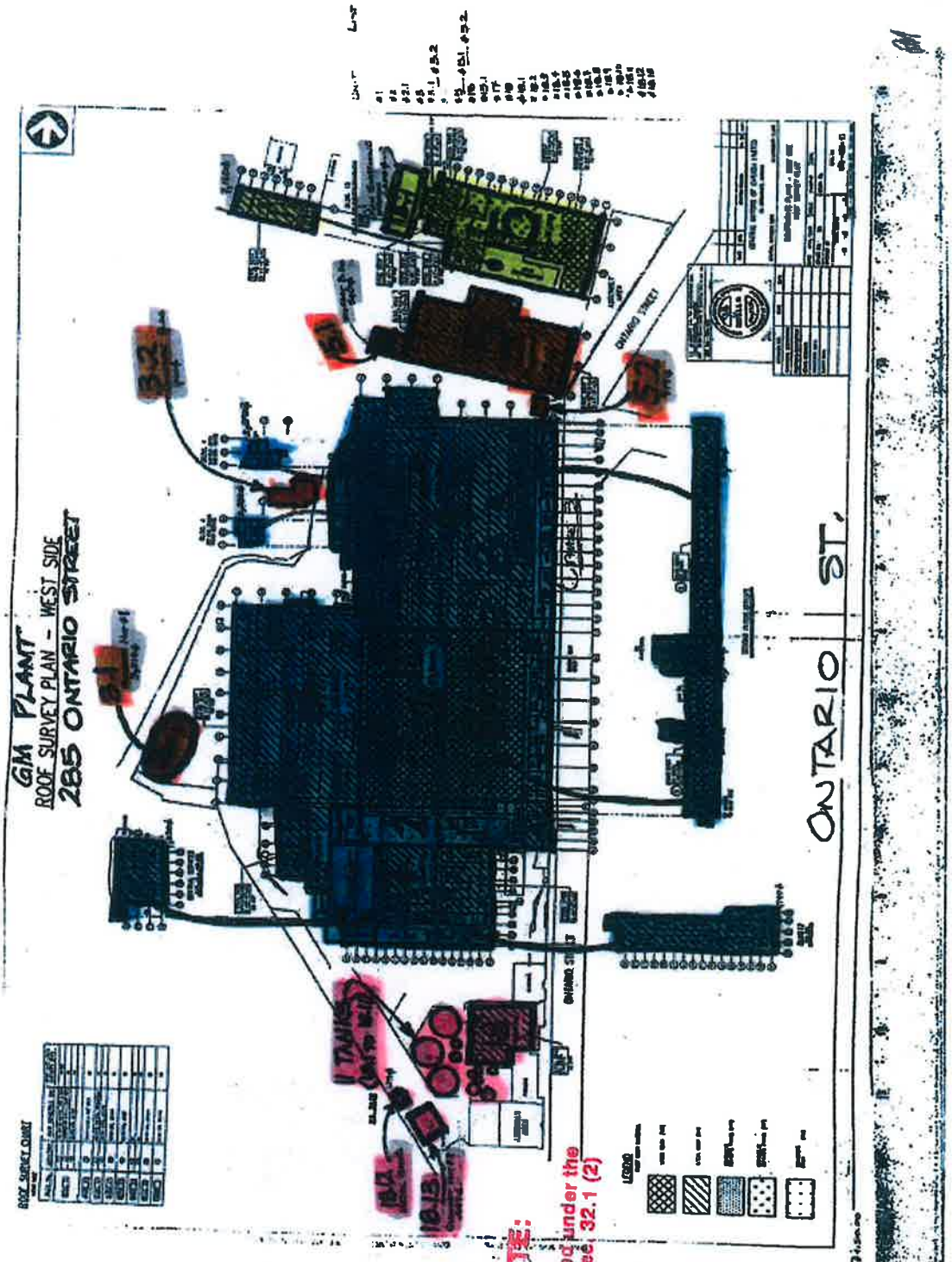
285 ONTARIO ST.

15 102269 18
15 102270 18.1-18.11 H TANKS
15 102272 18.12
15 102273 18.13
GROUP 1

15 102274 3.1
15 102276 3.2
15 102277 5 & 5.1
15 102278 5.2
GROUP 2

15 102279 15
15 102280 15.1
GROUP 3

15 102268 MAIN BUILDING
GROUP 4



285 ONTARIO

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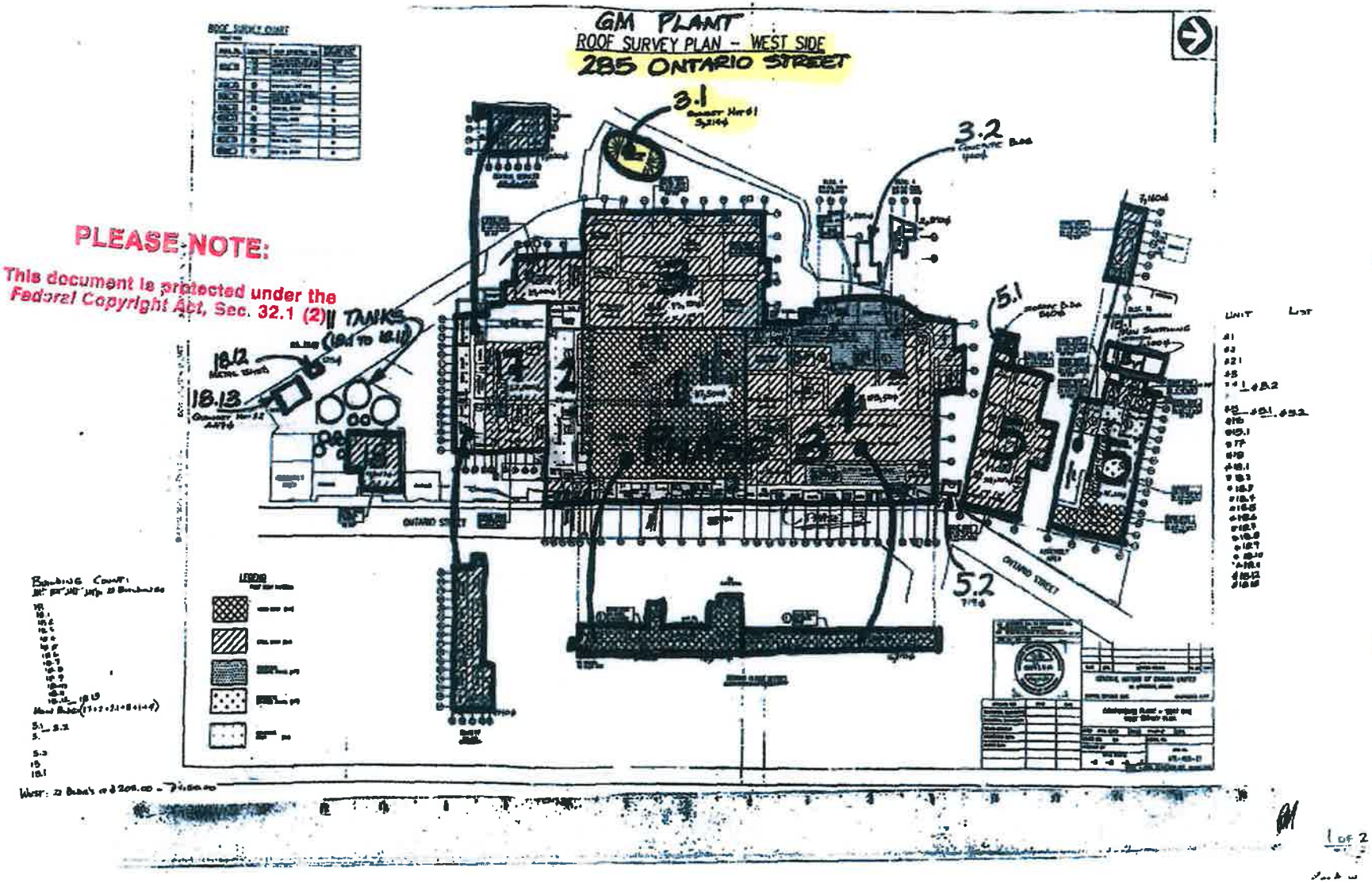

285 ONTARIO STREET: WEST BLDG

= AREA = 650,619 ф

- MAIN BUILDING: 550,830 ф

#1 - GRD FLR =	117,500
#1 - 2ND FLR MEZZ =	16,710
#2 - GRD FLR =	45,000
#2.1 - GRD FLR =	15,000
#3 - GRD FLR =	75,330
#4 - GRD FLR =	179,430
#4 - 2ND FLR MEZZ =	16,715
#4 - 2ND FLR HOOK TRUCK PLATFORM =	2,385
#4 - 2ND FLR ELEC. PLT =	2,390
#17 - GRD FLR =	62,880
#17 - 2ND FLR =	11,940
#17 - 3RD FLR =	9,550
	550,830

- BUILDING (#18): 9507 ф

- 11 TANKS (18.1 TO 18.11) - NO SQ.FT = 0 SQ.FT

- METAL SHED (18.12): 125 ф

- QUONSET HUT (18.13): 447 ф

- QUONSET HUT #2 (3.1): 5,214 ф

- CONCRETE BLDG (3.2): 1,000 ф

- BUILDING 5 + 5.1: 34,785 ф

#5 =	34,245
#5.1 =	540
	34,785

- BUILDING 5.2: 719 ф

- BUILDING 15: 43,792 ф

#15 - GRD. FLR =	36,632
#15 - 2ND FLR =	7,160
	43,792

- MAIN SWITCHING BUILDING (15.1): 4200 ф

21 DEMO PERMITS
↳ 11 DEMO PERMITS (LUMP 11 TANKS INTO 1 DEMO PERMIT)

"J" Application/Permits Documents 15 102274 IL - 285 Ontario St.

City of St. Catharines
stcatharines.ca

Church Street, P.O. Box 3012
St. Catharines, ON L2R 7C2
Tel: 905-688-5600
TTY: 905-688-4TTY (4889)

DEMOLITION PERMIT CHECKLIST

MARCH 05, 2015 $205.00

AMANDA FOLDER INFORMATION	15 102274 IL
ADDRESS / LOCATION:	285 ONTARIO STREET (WEST BLDG)
GROUP: BSP	
TYPE:	IL
SUB-TYPE:	MANUFACTURING PLANT
WORK PROPOSED:	DEMOLISH
DESCRIPTION:	DEMOLISH QUANSET HUT (BLDG #3.1 = ± 5,214 ft²)
NUMBER OF EXISTING DWELLING UNITS:	Ø
NUMBER OF DWELLING UNITS TO BE DEMOLISHED / LOST:	Ø
STATS CANADA BUILDING AREA SQ.FT / M:	0
NEW GROSS FLOOR AREA:	0

WEST BUILDING	PERMIT TIME:		10
	Commercial / Residential: (Y)	N	$205.00
D & D Review Required?	(Y)	N	
Fire Review Required?	(Y)	N	
Plumbing Review Required?	(Y)	N	
Sidewalk Deposit Review Required?	(Y)	N	TBD
HVAC Review Required?	(Y)	N	
Decommission Water Service?	Y	N	$ } TBD
Decommission Sanitary Service?	Y	N	$
Decommission Storm Service?	Y	N	$
Inspect Existing Sanitary Service?	Y	N	$

BUILDING CHECK

Inspector: [signature]

APPROVAL	REQ'D	REC'D	APPROVAL	REQ'D	REC'D
Heritage Act	Y (N)		Tenant Protection Act (5 or more units)	Y (N)	
Non-Designated Heritage Property	Y (N)		Utility Form	(Y) N	
Niagara Escarpment Commission	Y (N)		Water / Lateral Services Declaration Form	(Y) N	
Engineer Review	(Y) N	SEE P.ENG REPORT	Zoning – ALL Accessory Structures must be demolished along with main dwelling	(Y) N	

AGENCIES NOTIFIED

Clerk: _____

APPROVAL	REQ'D	REC'D	APPROVAL	REQ'D	REC'D
Ministry of Labour	Y N		City Utilities	Y N	

Remarks:
- ☐ O/A D & D FEES TBD
- ☐ O/A SIDEWALK DAMAGE DEPOSIT TBD
- ☐ FEES IN THE AMOUNT OF $205.00

DATE: APPROVED:

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CITY OF ST CATHARINES
PLANNING AND DEVELOPMENT SERVICES
BUILDING SECTION

DEMOLITION PERMIT APPLICATION – SERVICES DECLARATION

This form **must** be completed with all applications.

Date: February 27, 2015 **Project No:** 15 102274 IL

Address: 282 Ontario St, St Catharines

1.	a) Do you have a **water line**?	☒ Yes	☐ No
	b) If yes, do you wish to:		
	REMOVE the water service at watermain? (work order required – fees to be paid at time of application)	☒ (See Note 7)	
	REUSE the water service at the property line? (no work order required – no fees required)	☐	
2.	Do you have a **water meter** to be removed? (work order required – fees invoiced after work completed)	☒ Yes (See Note 6)	☐ No
3.	a) Do you have a **sanitary sewer line**?	☒ Yes	☐ No
	b) If yes, do you wish to:		
	REMOVE the existing sanitary sewer lateral at the property line? (work order required – fees to be paid at time of application)	☒ (See Note 7)	
	REUSE the existing sanitary sewer lateral at the property line? (no work order required – no fees required)	☐ (See Note 5)	
4.	a) Do you have a **storm sewer line**?	☒ Yes	☐ No
	b) If yes, do you wish to:		
	REMOVE the existing storm sewer lateral at the property line? (work order required – fees to be paid at time of application)	☒ (See Note 7)	
	REUSE the existing storm sewer lateral at the property line? (no work order required – no fees required)	☐	

5. If the applicant wishes to reuse the existing sewer lateral, a TV camera sewer lateral inspection, as per 'Schedule of Rates and Fees', applies. The applicant is responsible to contact the Sewer Foreman at 905-688-5601, Extension 2222 and arrange a time and date to complete the lateral inspection.
Please note – The lateral shall be accessible at time of inspection. **No further building permits can be issued for this property until the inspection is complete.**

6. There will be a charge to turn the water off as per 'Schedule of Rates and Fees'. The fee will be charged by the Water Billing Department upon removal of water meter.

7. The following only applies for the removal of the water service and/or sewer laterals:
   - Fees for the removal of existing services will be as per "Schedule of Rates and Fees". *Applicant is advised to review Schedule of Rates and Fees.*
   - The water services will be removed at the source watermain in the road and will not be re-useable.
   - The sewer services will be capped at the property line and will not be re-useable.

Date of Demolition: April 27, 2015

Contact Name (Print): William Bartels or Christina Murray

Contact Telephone Number: 905 312 9506 x 304

I HAVE BEEN ADVISED THAT IT IS THE OWNER'S RESPONSIBILITY TO CONTACT FINANCIAL MANAGEMENT SERVICES @ EXT. 1456 TO DETERMINE IF THERE ARE ANY PROPERTY TAX IMPLICATIONS.

Signature of Applicant

Note:
Separate work orders are required for items 1 – 4 above.
For all work orders raised in conjunction with a permit application, a copy of this application must be faxed to LSSC.
- *Forward to Sewer Foreman.*
- Attach a copy of building receipt.
- Provide copy to applicant

g:\pds-forms\demolition permit application-services declaration-apr2012.docm

CITY OF ST. CATHARINES

PLANNING AND BUILDING
SERVICES DEPARTMENT

CITY HALL
50 CHURCH STREET
P.O. BOX 3012
ST. CATHARINES, ONTARIO L2R 7C2

TEL. (905)-688-5601. EXT. 1660
FAX. (905)-688-5873

PERMIT

PERMISSION IS HEREBY GRANTED TO OWNER OF LAND TO:

Work Proposed: Demolish — Project #: 15 102274 IL
Manufacturing Plants — Industrial
Demolish Quanset Hut (Building #3.1) - West Building-O/A D&D Fees TBD-O/A Sidewalk Damage
Property Roll Number:2629040030056000000 — Application Date: March 05, 2015
Site Address: 285 Ontario Street Unit 0000 St. Catharines L1H 8P7 — Issued: May 11, 2015
Legal Description: See comment tab.

Applicant: Budget Environmental Disposal Inc
375 Gage Avenue Hamilton ON ON L8L 7B1 — Work: (289) 639-9540 — Fax: (905) 543-0244
Owner: 2390541 Ontario Inc
282 Ontario Street St. Catharines ON ON L2R 0B4 — Work: (905) 228-1712 — Home: (905) -

On the said premise in accordance with plans and/or documents submitted to the Chief Building Official and subjected to the conditions in our letter dated: Mar 26, 2015

Demolition Inspection

IMPORTANT

THE OWNER, CONTRACTOR OR AUTHORIZED AGENT OF THE OWNER SHALL NOTIFY THE BUILDING SECTION AT LEAST 48 HOURS IN ADVANCE OF THE ABOVE NOTED INSPECTIONS. PLEASE QUOTE YOUR PROJECT NUMBER.

CALL 688-5601 Ext 1660 (TTY: 905-688-4889)

THE APPROVED PERMIT DRAWINGS MUST BE KEPT ON THE CONSTRUCTION SITE AND MADE AVAILABLE TO THE INSPECTOR. COVERING WORK PRIOR TO INSPECTION MAY RESULT IN DELAYS AND REMOVAL OF FINISHES

1. All work must be completed in accordance with plans and/or documents submitted to the Chief Building Official and/or authorized changes by the Chief Building Official.
2. This permit will be revoked after six months if the work described has not been seriously commenced or if the work is substantially suspended or discontinued for a period of time.
3. This permit is granted on the express condition that the said work in all respects conforms to the provisions of the Ontario Building Code and any other relevant by-laws of the City of St. Catharines.
4. Permission must be obtained from the City Engineer and/or the Regional Engineer to occupy the road allowance (the street, the boulevard and sidewalk) or effect changes to same.
5. The project is subject to the requirements of the Occupational Health and Safety Act.
6. The owner, contractor, or authorized agent shall be responsible for verifying that the proposed work will not interfere with public services including gas, hydro, sewer, water, telephone and cable television.
7. Any future use of the property after demolition shall be in accordance with the Zoning By-laws and Site Plan Control By-law.

Date Signed: May 11, 2015 Authorized Signature: _____
Chief Building Official

OFFICE COPY

Date: Feb 27/15

Planning and Development Services
Building Section

Re: Utility Clearance for Demolition Permit

I, Christina Murray, applicant for a ***Permit to Demolish***

Project File No.: 15 102274 IL

Address: 282-285 Ontario Street, St. Catharines - GM Plant

have notified the following utilities:

1.	**Horizon Utilities Corp,**	
	Enbridge Gas,	**1-800-400-2255**
	Bell Canada	
2.	**Cogeco Cable**	**1-800-267-9000**

I understand City staff will attend to the property concerning water and sewer services, and notices pursuant to the Ontario Heritage Act and Ministry of Labour

Signature of Applicant

PDS\Forms\UtilClearance
March 2012

BUILDING PERMIT PICK-UP AUTHORIZATION

PERMIT NO/PROJECT FILE NO: 15 102274 IL

ADDRESS OF PERMIT/PROJECT: 285 Ontario Street

NAME OF PERSON DESIGNATED TO PICK-UP: Jodi Tamminga
(PLEASE PRINT)

SIGNATURE: Jodi Tamminga

PICK-UP DATE: May 13/15

Date Prepared: MAY 13/15

Initials: JP

G:PDS-Forms\PermitPick-upAuth

"J"

St. Catharines

Planning and Building Services
PO Box 3012, 50 Church Street
St. Catharines, ON L2R 7C2

Phone: 905-688-5600
Fax: 905-688-5873
TTY: 905-688-4889

INSPECTION REPORT

OWNER: Bayshore Groups	PERMIT NUMBER: 15/102274/IL
CONSTRUCTOR/TENANT:	
DESIGNER:	
LOCATION OF WORK: 285 ONTARIO STREET	

AN INSPECTION OF THE ABOVE PROJECT DISCLOSES THAT THE ITEM(S) NOTED BELOW REQUIRE YOUR REMEDIAL ACTION TO AVOID CONTRAVENTION OF:

- ☒ THE BUILDING CODE ACT AND REGULATIONS
- ☐ BY-LAW 2006-26, FENCING OF SWIMMING POOLS
- ☐ THE PLUMBING REGULATIONS OBC PART 7
- ☐ BY-LAW 2008-302, REGULATING SIGNS
- ☐ _____

TYPE OF INSPECTION:

☐ FOOTINGS	☐ INSULATION	☐ HVAC ROUGH-IN	☐ HVAC FINAL
☐ FOUNDATION / BACKFILL	☐ FIRE SEPARATION / EXITS	☐ PLUMBING ROUGH-IN	☐ PLUMBING FINAL
☐ FRAMING	☐ OCCUPANCY	☐ SEWER	☐ INSIDE DRAIN

ITEM	DESCRIPTION
	Demolition
1.	Observed demolition in progress.
	Clean up and removal of all debris required and reports submitted.
	Grade to be level.
2.	All reports from all consultants to be submitted. ie. field reports, environmental reports, final reports.
3.	Final inspection required and must be scheduled.
4.	All outstanding reports required by March 30, 2019.

☐ CONTINUED ON SCHEDULE "A" ATTACHED HERETO.
THE ABOVE ITEM(S) MUST BE COMPLETED ON OR BEFORE _____ CALL FOR A REINSPECTION
WHEN CORRECTION(S) HAVE BEEN MADE, ACCEPTANCE BY AN INSPECTOR IS REQUIRED

AFFIXED TO BUILDING SITE ☐ RECEIVED BY ☒ FAXED ☐ MAILED ☐

NAME: Quinn Flannigan POSITION: Operations Manager

DATE: March 22, 2019 ISSUED BY: _____ INSPECTOR

(White Copy for Constructor) - (Yellow Copy for Inspector)

inspectionreport-june-12

Application for a Permit to Construct or Demolish

This form is authorized under subsection 8(1.1) of the Building Code Act.

For use by Principal Authority	
Application number:	Permit number (if different): 15 102276 IL
Date received: MARCH 05, 2015	Roll number:

7 of 11

Application submitted to: CITY OF ST CATHARINES
(Name of municipality, upper-tier municipality, board of health or conservation authority)

A. Project information

Building number, street name	Unit number	Lot/con.
285 Ontario Street (CONCRETE BLDG # 3.2)		

Municipality	Postal code	Plan number/other description
St. Catharines	L2R0B4	

Project value est. $	Area of work (m²)
$3,700,000.00 TOTAL	(125,836 TOTAL) ± 1,000ft

B. Purpose of application

☐ New construction ☐ Addition to an existing building ☐ Alteration/repair ☑ Demolition ☐ Conditional Permit

Proposed use of building	Current use of building
Vacant	Industrial Buildings

Description of proposed work
Abatement and Demolition of the existing GM Plant

C. Applicant Applicant is: ☐ Owner or ☑ Authorized agent of owner

Last name	First name	Corporation or partnership
Murray	Christina	Budget Environmental Disposal Inc.

Street address	Unit number	Lot/con.
375 Gage Ave N		

Municipality	Postal code	Province	E-mail
Hamilton	L8L7B1	Ontario	ashley@budgetbin.ca

Telephone number	Fax	Cell number
(289) 639-9540	(905)543-0244	(905) 961-0084

D. Owner (if different from applicant)

Last name	First name	Corporation or partnership
Megna	Robert	BayShore International (BSI)

Street address	Unit number	Lot/con.
282 Ontario Street		

Municipality	Postal code	Province	E-mail
St. Catharines	L2R0B4	Ontario	

Telephone number	Fax	Cell number
(905) 228 1712	( )	( )

E. Builder (optional)

Last name	First name	Corporation or partnership (if applicable)	
Street address		Unit number	Lot/con.
Municipality	Postal code	Province	E-mail
Telephone number ( )	Fax ( )	Cell number ( )	

F. Tarion Warranty Corporation (Ontario New Home Warranty Program)

i.	Is proposed construction for a new home as defined in the *Ontario New Home Warranties Plan Act*? If no, go to section G.	☐ Yes	☑ No
ii.	Is registration required under the *Ontario New Home Warranties Plan Act*?	☐ Yes	☑ No

iii. If yes to (ii) provide registration number(s): _____

G. Required Schedules

i) Attach Schedule 1 for each individual who reviews and takes responsibility for design activities.

ii) Attach Schedule 2 where application is to construct on-site, install or repair a sewage system.

H. Completeness and compliance with applicable law

i) This application meets all the requirements of clauses 1.3.1.3 (5) (a) to (d) of Division C of the Building Code (the application is made in the correct form and by the owner or authorized agent, all applicable fields have been completed on the application and required schedules, and all required schedules are submitted).	☑ Yes	☐ No
Payment has been made of all fees that are required, under the applicable by-law, resolution or regulation made under clause 7(1)(c) of the *Building Code Act, 1992*, to be paid when the application is made.	☑ Yes	☐ No
ii) This application is accompanied by the plans and specifications prescribed by the applicable by-law, resolution or regulation made under clause 7(1)(b) of the *Building Code Act, 1992*.	☑ Yes	☐ No
iii) This application is accompanied by the information and documents prescribed by the applicable by-law, resolution or regulation made under clause 7(1)(b) of the *Building Code Act, 1992* which enable the chief building official to determine whether the proposed building, construction or demolition will contravene any applicable law.	☑ Yes	☐ No
iv) The proposed building, construction or demolition will not contravene any applicable law.	☑ Yes	☐ No

I. Declaration of applicant

I Christina Murray declare that:
(print name)

1. The information contained in this application, attached schedules, attached plans and specifications, and other attached documentation is true to the best of my knowledge.
2. If the owner is a corporation or partnership, I have the authority to bind the corporation or partnership.

Feb 27/15
Date

Signature of applicant

Personal information contained in this form and schedules is collected under the authority of subsection 8(1.1) of the *Building Code Act, 1992*, and will be used in the administration and enforcement of the *Building Code Act, 1992*. Questions about the collection of personal information may be addressed to: a) the Chief Building Official of the municipality or upper-tier municipality to which this application is being made, or, b) the inspector having the powers and duties of a chief building official in relation to sewage systems or plumbing for an upper-tier municipality, board of health or conservation authority to whom this application is made, or, c) Director, Building and Development Branch, Ministry of Municipal Affairs and Housing 777 Bay St., 2nd Floor, Toronto, M5G 2E5 (416) 585-6666.

Schedule 1: Designer Information

Use one form for each individual who reviews and takes responsibility for design activities with respect to the project.

A. Project Information

Building number, street name			Unit no.	Lot/con.
282-285 Ontario Street				
Municipality	Postal code	Plan number/ other description		
St. Catharines	L2R0B4			

B. Individual who reviews and takes responsibility for design activities

Name		Firm		
Street address			Unit no.	Lot/con.
Municipality	Postal code	Province	E-mail	
Telephone number	Fax number		Cell number	
( )	( )		( )	

C. Design activities undertaken by individual identified in Section B. [Building Code Table 3.5.2.1. of Division C]

☐ House	☐ HVAC – House	☐ Building Structural
☐ Small Buildings	☐ Building Services	☐ Plumbing – House
☐ Large Buildings	☐ Detection, Lighting and Power	☐ Plumbing – All Buildings
☐ Complex Buildings	☐ Fire Protection	☐ On-site Sewage Systems

Description of designer's work

D. Declaration of Designer

I _____ declare that (choose one as appropriate):
(print name)

☐ I review and take responsibility for the design work on behalf of a firm registered under subsection 3.2.4.of Division C, of the Building Code. I am qualified, and the firm is registered, in the appropriate classes/categories.

Individual BCIN: _____

Firm BCIN: _____

☐ I review and take responsibility for the design and am qualified in the appropriate category as an "other designer" under subsection 3.2.5.of Division C, of the Building Code.

Individual BCIN: _____

Basis for exemption from registration: _____

☐ The design work is exempt from the registration and qualification requirements of the Building Code.

Basis for exemption from registration and qualification: _____

I certify that:

1. The information contained in this schedule is true to the best of my knowledge.
2. I have submitted this application with the knowledge and consent of the firm.

_____ _____
Date Signature of Designer

NOTE:

1. For the purposes of this form, "individual" means the "person" referred to in Clause 3.2.4.7(1) d).of Division C, Article 3.2.5.1. of Division C, and all other persons who are exempt from qualification under Subsections 3.2.4. and 3.2.5. of Division C.
2. Schedule 1 is not required to be completed by a holder of a license, temporary license, or a certificate of authorization, issued by the Ontario Association of Architects. Schedule 1 is also not required to be completed by a holder of a license to practise, a limited license to practise, or a certificate of authorization, issued by the Association of Professional Engineers of Ontario.

Schedule 2: Sewage System Installer Information

A. Project Information

Building number, street name		Unit number	Lot/con.
282-285 Ontario Street			
Municipality	**Postal code**	**Plan number/ other description**	
St. Catharines	L2R0B4		

B. Sewage system installer

Is the installer of the sewage system engaged in the business of constructing on-site, installing, repairing, servicing, cleaning or emptying sewage systems, in accordance with Building Code Article 3.3.1.1, Division C?

☐ Yes (Continue to Section C) ☐ No (Continue to Section E) ☐ Installer unknown at time of application (Continue to Section E)

C. Registered installer information (where answer to B is "Yes")

Name			BCIN
Street address			Unit number / Lot/con.
Municipality	Postal code	Province	E-mail
Telephone number ( )	Fax ( )		Cell number ( )

D. Qualified supervisor information (where answer to section B is "Yes")

Name of qualified supervisor(s)	Building Code Identification Number (BCIN)

E. Declaration of Applicant

I _____ declare that:
(print name)

☐ I am the applicant for the permit to construct the sewage system. If the installer is unknown at time of application, I shall submit a new Schedule 2 prior to construction when the installer is known;

OR

☐ I am the holder of the permit to construct the sewage system, and am submitting a new Schedule 2, now that the installer is known.

I certify that:

1. The information contained in this schedule is true to the best of my knowledge.
2. If the owner is a corporation or partnership, I have the authority to bind the corporation or partnership.

_____ _____
Date Signature of applicant

THE CORPORATION OF THE
CITY OF ST. CATHARINES

www.stcatharines.ca

PO Box 3012, 50 Church Street
St. Catharines, ON L2R 7C2
Tel : 905.688.5600 | Fax: 905.688-5873
TTY: 905.688.4TTY (4889)

Building and Development

Building Permit Application – Supplemental Information

(MUST BE SUBMITTED WITH THE 'APPLICATION TO CONSTRUCT OR DEMOLISH')

A. Project Information

Building number, street name		Unit Number	Lot / Con
282-285 Ontario Street			
Municipality	**Postal Code**	**Plan number / other description**	
St. Catharines	L2R0B4		

B. Master Plumber ☐ Plumbing Contractor ☐

Last name	First name	Corporation or partnership	
Street Address		**Unit Number**	
Municipality	**Postal Code**	**Province**	**email**
Telephone Number	**Fax Number**	**Cell Number**	

C. HVAC Installer

Last name	First name	Corporation or partnership	
Street Address		**Unit Number**	
Municipality	**Postal Code**	**Province**	**email**
Telephone Number	**Fax Number**	**Cell Number**	

D. Tenant Information

Last name	First name	Corporation or partnership	
Street Address		**Unit Number**	
Municipality	**Postal Code**	**Province**	**email**
Telephone Number	**Fax Number**	**Cell Number**	

THE CORPORATION OF THE
CITY OF ST. CATHARINES

www.stcatharines.ca

PO Box 3012, 50 Church Street
St. Catharines, ON L2R 7C2
Tel : 905.688.5600 | Fax: 905.688-5873
TTY: 905.688.4TTY (4889)

PLANNING AND DEVELOPMENT SERVICES
Building and Development
Building Permit Application – Supplemental Information
(MUST BE SUBMITTED WITH THE 'APPLICATION TO CONSTRUCT OR DEMOLISH')

FEE INFORMATION			UNITS	COST OF WORK
BUILDING INFORMATION				
CONSTRUCT	Gross Floor Area to be Constructed (SqFt)			
	Building Area to be Constructed (SqFt)			
	Number of Existing Dwelling Units			
	Number of New Dwelling Units			
DEMOLITION INFORMATION				
DEMOLISH	Gross Floor Area to be Demolished (SqFt)			
	Building Area to be Demolished (SqFt)		1,354,000	
	Number of Stories to be Demolished		1-3	
	Number of Dwelling Units to be Demolished		0	
FURTHER INFO				
SITE SERVICING (new service)	D&D Review Required ☐ Yes ☐ No			
	Linear feet of D.S.W. 4 " or less	$0.46		
	Linear meters of D.S.W. 100mm or less	$1.51		
	Linear feet of D.S.W. over 4 "	$0.73		
	Linear meters of D.S.W. over 100mm	$2.40		
	# of Manholes, Catchbasins, Firehydrants	$33.00		
PLUMBING	☐ RESIDENTIAL ☐ NON-RESIDENTIAL			
Replacement of :	D&D Review Required ☐ Yes ☐ No			
Sanitary Sewer ☐	Linear feet of D.S.W. 4 " or less	$0.46		
Storm Sewer ☐	Linear meters of D.S.W. 100mm or less	$1.51		
Building Drain &/or ☐	Linear feet of D.S.W. over 4 "	$0.73		
Water Service ☐	Linear meters of D.S.W. over 100mm	$2.40		
	# of Manholes, Catchbasins, Firehydrants	$33.00		
All Other Plumbing	Linear feet of D.S.W. 4" or less	$0.46		
(new, altered or replaced)	Linear meters of D.S.W. 100mm or less	$1.61		
	# of Fixtures	$13.20 / fixture		
Backflow Prevention	# of Testable Devices	$13.20 / device		
FLAP Application		$150 flat rate		
Septic Tank changeover		$110 flat rate		
Minimum Permit Fee		$110 flat rate		
HVAC Only		$190 per unit		

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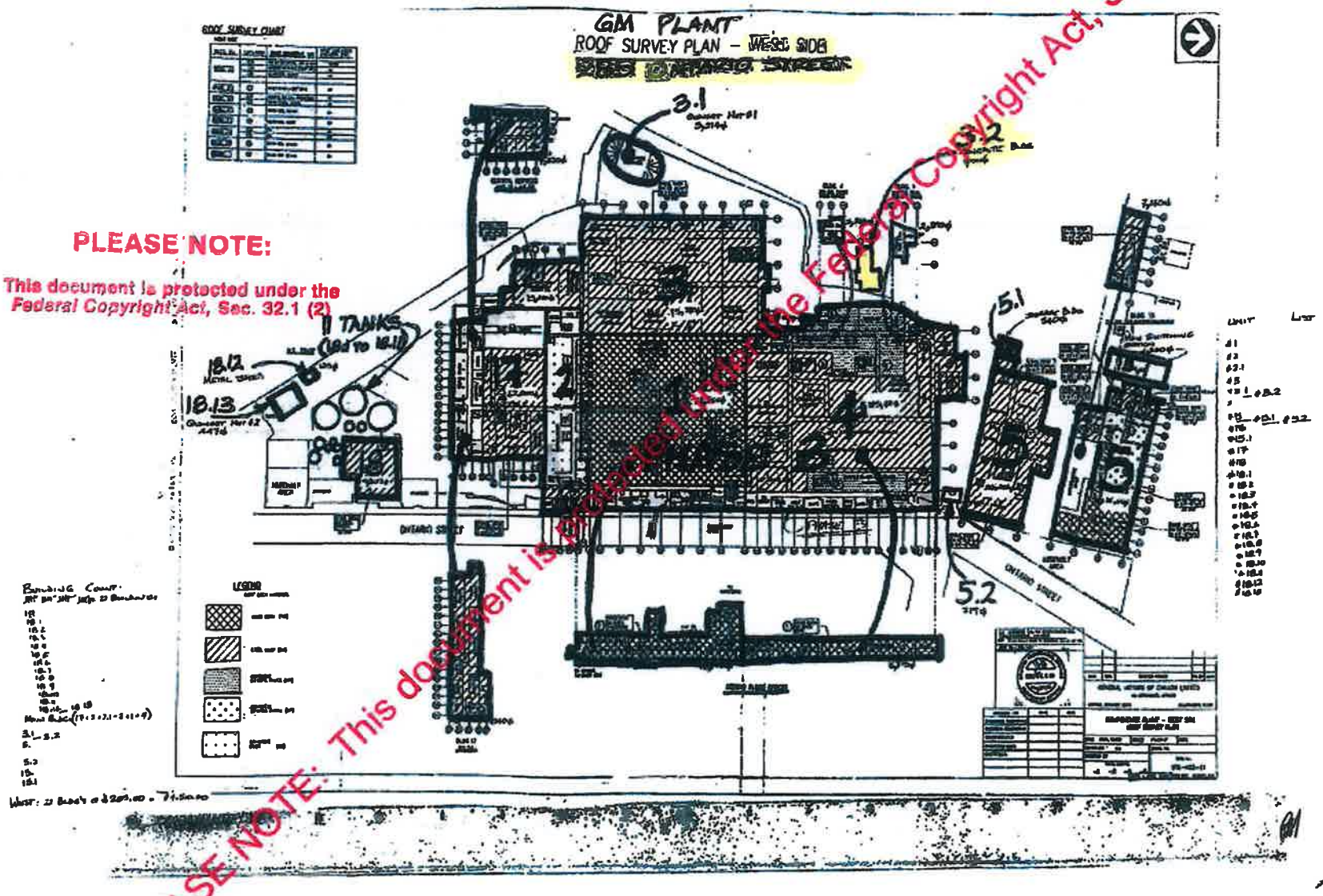

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1 of 2

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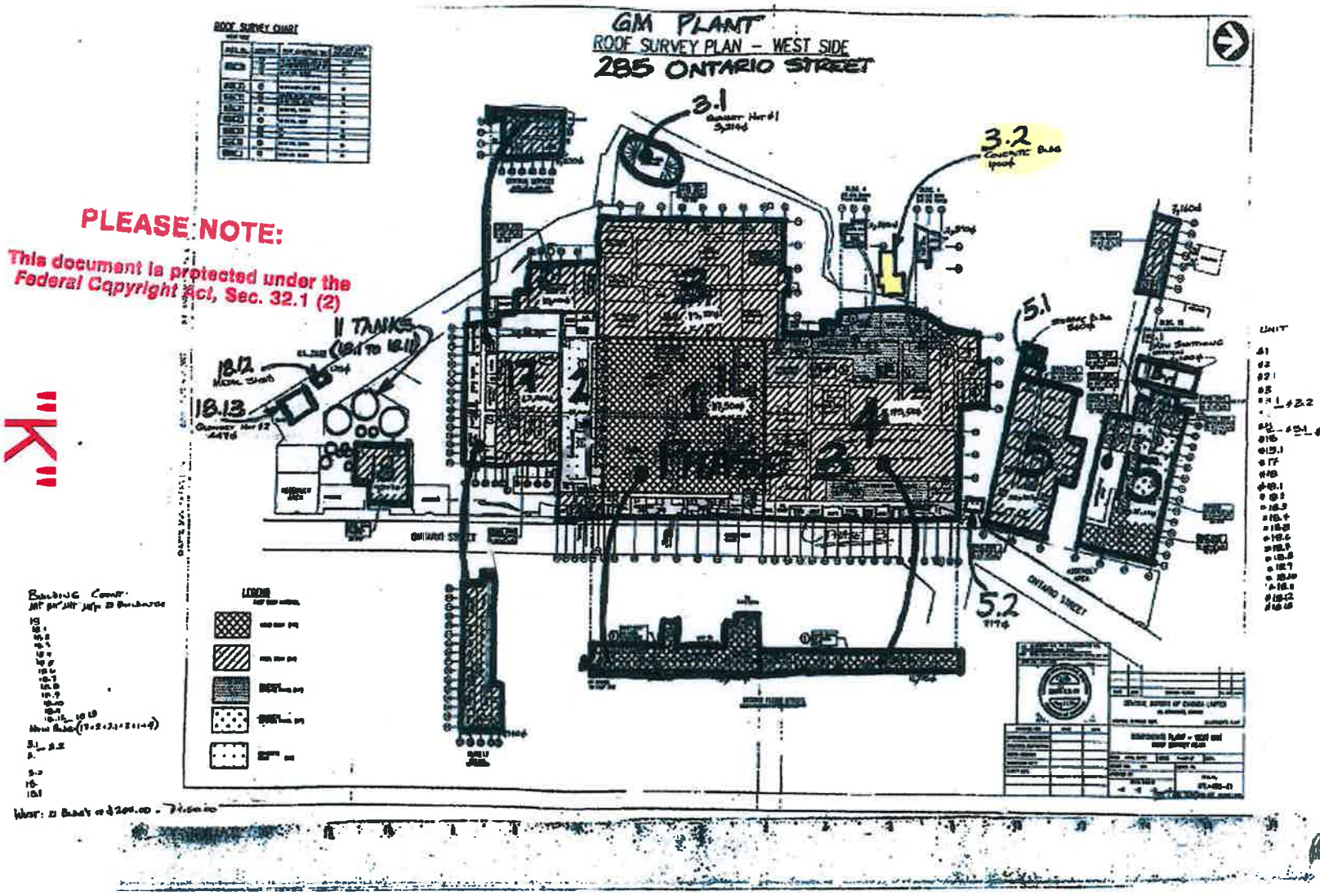

1 of 2

285 ONTARIO STREET: WEST BLDG

= AREA = 650,619 ft

15 102268 IL: MAIN BUILDING: 550,830 ft (PHASE 3)

#1 - GRD FLR. =	117,500
#1 - 2ND FLR MEZZ =	16,710
#2 - GRD FLR. =	45,000
#2.1 - GRD FLR. =	15,000
#3 - GRD FLR. =	75,330
#4 - GRD FLR. =	175,430
#4 - 2ND FLR. MEZZ =	16,715
#4 - 2ND FLR ABOVE TRUCK PASSAGE =	2,385
#4 - 2ND FLR ELEC. RM =	2,390
#17 - GRD FLR =	63,830
#17 - 2ND FLR =	11,940
#17 - 3RD FLR =	9,550
	550,830

15 102269 IL · BUILDING (#18): 9,507 ft

15 102270 IL · 11 TANKS (18.1 TO 18.11) - NO SQ.FT = 0 SQ.FT

15 102272 IL · METAL SHED (18.12): 125 ft

15 102273 IL · QUANSET HUT (18.13): 447 ft

15 102274 IL · QUANSET HUT (3.1): 5,214 ft

15 102276 IL · CONCRETE BLDG (3.2): 1,000 ft

15 102277 IL · BUILDING 15 & 15.1: 34,785 ft

#15 :	34,245
#15.1 :	540
	34,785

15 102278 IL · BUILDING 5.2: 719 ft

15 102279 IL · BUILDING 15: 43,742 ft

#15 - GRD. FLR =	36,632
#15 - 2ND FLR =	7,160
	43,742

15 102280 IL · MAIN SWITCHING BUILDING (15.1): 4200 ft

21 DEMO PERMITS
↳ 11 DEMO PERMITS (LUMP 11 TANKS INTO 1 DEMO PERMIT)

285 ONTARIO STREET: WEST BLDG

= AREA = 650,619 ft

- MAIN BUILDING: 550,830 ft

#1 - GRD FLR =	117,500
#1 - 2ND FLR MEZZ =	16,710
#2 - GRD FLR =	45,000
#2.1 - GRD FLR =	15,000
#3 - GRD FLR =	75,330
#4 - GRD FLR =	175,430
#4 - 2ND FLR. MEZZ =	16,715
#4 - 2ND FLR ABOVE TRUCK PUMP =	2,385
#4 - 2ND FLR ELEC. RM =	2,390
#17 - GRD FLR =	67,880
#17 - 2ND FLR =	11,940
#17 - 3RD FLR =	9,550
	550,830

- BUILDING (#18): 9,507 ft

11 TANKS (18.1 TO 18.11) - NO SQ.FT = 0 SQ.FT

- METAL SHED (18.12): 125 ft
- QUANSET HUT (18.13): 447 ft
- QUANSET HUT (3.1): 5,214 ft
- CONCRETE BLDG (3.2): 1,000 ft
- BUILDING 5 + 5.1: 34,785 ft

#5 :	34,245
#5.1 :	540
	34,785

- BUILDING 5.2: 719 ft
- BUILDING 15: 43,792 ft

#15 - GRD. FLR =	36,632
#15 - 2ND FLR =	7,160
	43,792

- MAIN SWITCHING BUILDING (15.1): 4200 ft

21 DEMO PERMITS
↳ 11 DEMO PERMITS (LUMP 11 TANKS INTO 1 DEMO PERMIT)

K

CITY OF ST CATHARINES
PLANNING AND DEVELOPMENT SERVICES
BUILDING SECTION

DEMOLITION PERMIT APPLICATION – SERVICES DECLARATION

This form **must** be completed with all applications.

Date: February 27, 2015 **Project No:** 15 102276 IL

Address: 282 Ontario St, St Catharines

1.	a) Do you have a **water line?**	☒ Yes	☐ No
	b) If yes, do you wish to:		
	REMOVE the water service at watermain? (work order required – fees to be paid at time of application)	☒ (See Note 7)	
	REUSE the water service at the property line? (no work order required – no fees required)	☐	
2.	Do you have a **water meter** to be removed? (work order required – fees invoiced after work completed)	☒ Yes (See Note 6)	☐ No
3.	a) Do you have a **sanitary sewer line?**	☒ Yes	☐ No
	b) If yes, do you wish to:		
	REMOVE the existing sanitary sewer lateral at the property line? (work order required – fees to be paid at time of application)	☒ (See Note 7)	
	REUSE the existing sanitary sewer lateral at the property line? (no work order required – no fees required)	☐ (See Note 5)	
4.	a) Do you have a **storm sewer line?**	☒ Yes	☐ No
	b) If yes, do you wish to:		
	REMOVE the existing storm sewer lateral at the property line? (work order required – fees to be paid at time of application)	☒ (See Note 7)	
	REUSE the existing storm sewer lateral at the property line? (no work order required – no fees required)	☐	

5. If the applicant wishes to reuse the existing sewer lateral, a TV camera sewer lateral inspection, as per 'Schedule of Rates and Fees', applies. The applicant is responsible to contact the Sewer Foreman at 905-688-5601, Extension 2222 and arrange a time and date to complete the lateral inspection.
Please note – The lateral shall be accessible at time of inspection. **No further building permits can be issued for this property until the inspection is complete.**

6. There will be a charge to turn the water off as per 'Schedule of Rates and Fees'. The fee will be charged by the Water Billing Department upon removal of water meter.

7. The following only applies for the removal of the water service and/or sewer laterals:
   - Fees for the removal of existing services will be as per "Schedule of Rates and Fees". Applicant is advised to review Schedule of Rates and Fees.
   - The water services will be removed at the source watermain in the road and will not be re-useable.
   - The sewer services will be capped at the property line and will not be re-useable.

Date of Demolition: April 27, 2015

Contact Name (Print): William Bartels or Christina Murray

Contact Telephone Number: 905 312 9506 x 304

I HAVE BEEN ADVISED THAT IT IS THE OWNER'S RESPONSIBILITY TO CONTACT FINANCIAL MANAGEMENT SERVICES @ EXT. 1456 TO DETERMINE IF THERE ARE ANY PROPERTY TAX IMPLICATIONS.

Signature of Applicant

Note:
Separate work orders are required for items 1 – 4 above.
For all work orders raised in conjunction with a permit application, a copy of this application must be faxed to LSSC.

- Forward to Sewer Foreman.
- Attach a copy of building receipt.
- Provide copy to applicant

g:\pds-forms\demolition permit application-services declaration-apr2012.docm

Date: Feb 27/15

Planning and Development Services
Building Section

Re: Utility Clearance for Demolition Permit

I, Christina Murray, applicant for a ***Permit to Demolish***

Project File No.: 15 102276 IL

Address: 282-285 Ontario Street, St. Catharines - GM Plant

have notified the following utilities:

1.	**Horizon Utilities Corp,**	
	Enbridge Gas,	**1-800-400-2255**
	Bell Canada	
2.	**Cogeco Cable**	**1-800-267-9000**

I understand City staff will attend to the property concerning water and sewer services, and notices pursuant to the Ontario Heritage Act and Ministry of Labour

Signature of Applicant

PDS-Forms \ UtilClearance
March 2012

"K" Application/Permits Documents 15 102276 IL - 285 Ontario St.

City of St. Catharines
stcatharines.ca

Church Street, P.O. Box 3012
St. Catharines, ON L2R 7C2
Tel: 905-688-5600
TTY: 905-688-4TTY (4889)

DEMOLITION PERMIT CHECKLIST

MARCH 05, 2015 $205.00

AMANDA FOLDER INFORMATION	15 102276 IL
ADDRESS / LOCATION:	285 ONTARIO STREET (WEST BLDG)
GROUP: BSP	
TYPE:	IL
SUB-TYPE:	MANUFACTURING PLANT
WORK PROPOSED:	DEMOLISH
DESCRIPTION:	DEMOLISH CONCRETE BUILDING #3.2 (+/- 1,000 #)
NUMBER OF EXISTING DWELLING UNITS:	Ø
NUMBER OF DWELLING UNITS TO BE DEMOLISHED / LOST:	Ø
STATS CANADA BUILDING AREA SQ.FT / M:	0
NEW GROSS FLOOR AREA:	0

WEST BUILDING	PERMIT TIME:		10
	Commercial / Residential: (Y)	N	$205.00
D & D Review Required?	(Y)	N	
Fire Review Required?	(Y)	N	
Plumbing Review Required?	(Y)	N	
Sidewalk Deposit Review Required?	(Y)	N	TBD
HVAC Review Required?	(Y)	N	
Decommission Water Service?	Y	N	$
Decommission Sanitary Service?	Y	N	$ TBD
Decommission Storm Service?	Y	N	$
Inspect Existing Sanitary Service?	Y	N	$

BUILDING CHECK

Inspector: [signature]

APPROVAL	REQ'D	REC'D	APPROVAL	REQ'D	REC'D
Heritage Act	Y (N)		Tenant Protection Act (5 or more units)	Y (N)	
Non-Designated Heritage Property	Y (N)		Utility Form	(Y) N	
Niagara Escarpment Commission	Y (N)		Water / Lateral Services Declaration Form	(Y) N	
Engineer Review	(Y) N	SEE P.ENG REPORT	Zoning – ALL Accessory Structures must be demolished along with main dwelling	(Y) N	

AGENCIES NOTIFIED

Clerk: _____

APPROVAL	REQ'D	REC'D	APPROVAL	REQ'D	REC'D
Ministry of Labour	Y N		City Utilities	Y N	

Remarks:
- ☐ O/A D & D FEES TBD
- ☐ O/A SIDEWALK DAMAGE DEPOSIT TBD
- ☐ FEES IN THE AMOUNT OF $205.00

DATE: APPROVED:

g:\tes-forms\demolitionpermitchklst-Jan2010.doc

CITY OF ST. CATHARINES

PLANNING AND BUILDING
SERVICES DEPARTMENT

CITY HALL
50 CHURCH STREET
P.O. BOX 3012
ST. CATHARINES, ONTARIO L2R 7C2

TEL. (905)-688-5601. EXT. 1660
FAX. (905)-688-5873

PERMIT

PERMISSION IS HEREBY GRANTED TO OWNER OF LAND TO:

Work Proposed: Demolish	Project #: 15 102276 IL
Manufacturing Plants	Industrial
Demolish Concrete Building #3.2 - West Building-O/A D&D Fees TBD- O/A Sidewalk Damage Depo	
Property Roll Number:2629040030056000000	Application Date: March 05, 2015
Site Address: 285 Ontario Street Unit 0000 St. Catharines L1H 8P7	Issued: May 11, 2015
Legal Description: See comment tab.	

Applicant: Budget Environmental Disposal Inc
375 Gage Avenue Hamilton ON ON L8L 7B1 Work: (289) 639-9540 Fax: (905) 543-0244

Owner: 2390541 Ontario Inc
282 Ontario Street St. Catharines ON ON L2R 0B4 Work: (905) 228-1712 Home: (905) -

On the said premise in accordance with plans and/or documents submitted to the Chief Building Official and subjected to the conditions in our letter dated: Mar 26, 2015

Demolition Inspection

IMPORTANT

THE OWNER, CONTRACTOR OR AUTHORIZED AGENT OF THE OWNER SHALL NOTIFY THE BUILDING SECTION AT LEAST 48 HOURS IN ADVANCE OF THE ABOVE NOTED INSPECTIONS. PLEASE QUOTE YOUR PROJECT NUMBER.

CALL 688-5601 Ext 1660 (TTY: 905-688-4889)

THE APPROVED PERMIT DRAWINGS MUST BE KEPT ON THE CONSTRUCTION SITE AND MADE AVAILABLE TO THE INSPECTOR. COVERING WORK PRIOR TO INSPECTION MAY RESULT IN DELAYS AND REMOVAL OF FINISHES

1. All work must be completed in accordance with plans and/or documents submitted to the Chief Building Official and/or authorized changes by the Chief Building Official.
2. This permit will be revoked after six months if the work described has not been seriously commenced or if the work is substantially suspended or discontinued for a period of time.
3. This permit is granted on the express condition that the said work in all respects conforms to the provisions of the Ontario Building Code and any other relevant by-laws of the City of St. Catharines.
4. Permission must be obtained from the City Engineer and/or the Regional Engineer to occupy the road allowance (the street, the boulevard and sidewalk) or effect changes to same.
5. The project is subject to the requirements of the Occupational Health and Safety Act.
6. The owner, contractor, or authorized agent shall be responsible for verifying that the proposed work will not interfere with public services including gas, hydro, sewer, water, telephone and cable television.
7. Any future use of the property after demolition shall be in accordance with the Zoning By-laws and Site Plan Control By-law.

Date Signed: May 11, 2015 Authorized Signature: _____
Chief Building Official

OFFICE COPY

"K"

15 102276 IL - 285 Ontario St.

St. Catharines

Planning and Building Services
PO Box 3012, 50 Church Street
St. Catharines, ON L2R 7C2

Phone: 905-688-5600
Fax: 905-688-5873
TTY: 905-688-4889

INSPECTION REPORT

OWNER: Bayshore Groups	PERMIT NUMBER: 15 102276 IL
CONSTRUCTOR/TENANT:	
DESIGNER:	
LOCATION OF WORK: 285 ONTARIO STREET.	

AN INSPECTION OF THE ABOVE PROJECT DISCLOSES THAT THE ITEM(S) NOTED BELOW REQUIRE YOUR REMEDIAL ACTION TO AVOID CONTRAVENTION OF:

- ☒ THE BUILDING CODE ACT AND REGULATIONS
- ☐ BY-LAW 2008-26, FENCING OF SWIMMING POOLS
- ☐ THE PLUMBING REGULATIONS OBC PART 7
- ☐ BY-LAW 2008-302 REGULATING SIGNS
- ☐ _____

TYPE OF INSPECTION:

☐ FOOTINGS	☐ INSULATION	☐ HVAC ROUGH-IN	☐ HVAC FINAL
☐ FOUNDATION / BACKFILL	☐ FIRE SEPARATION / EXITS	☐ PLUMBING ROUGH-IN	☐ PLUMBING FINAL
☐ FRAMING	☐ OCCUPANCY	☐ SEWER	☐ INSIDE DRAIN

ITEM	DESCRIPTION
	Demolition
1.	Observed demolition in progress.
	Clean up and removal of all debris required and reports submitted.
	Grade to be level.
2.	All reports from all consultants to be submitted. ie. field reports, environmental reports, final reports.
3.	Final inspection required and must be scheduled.
4.	All outstanding reports required by March 30, 2019.

☐ CONTINUED ON SCHEDULE "A" ATTACHED HERETO.
THE ABOVE ITEM(S) MUST BE COMPLETED ON OR BEFORE _____ CALL FOR A REINSPECTION
WHEN CORRECTION(S) HAVE BEEN MADE, **ACCEPTANCE BY AN INSPECTOR IS REQUIRED**

AFFIXED TO BUILDING SITE ☐ **RECEIVED BY** ☒ **FAXED** ☐ **MAILED** ☐

NAME: Quinn Flannigan **POSITION:** Operations Manager

DATE: March 22, 2019 **ISSUED BY:** _____ **INSPECTOR**

(White Copy for Constructor) - (Yellow Copy for Inspector)

inspectionreport-june-12

"L" Application/Permit Documents 15 102277 IL - 285 Ontario St.

Application for a Permit to Construct or Demolish

This form is authorized under subsection 8(1.1) of the Building Code Act.

For use by Principal Authority

Application number:	Permit number (if different): 15 102277 IL
Date received: MARCH 05, 2015	Roll number:

8 of 11

Application submitted to: CITY OF ST CATHARINES
(Name of municipality, upper-tier municipality, board of health or conservation authority)

A. Project information

Building number, street name	Unit number	Lot/con.
285 Ontario Street (BLDG. #5 + #5.1)		

Municipality	Postal code	Plan number/other description
St. Catharines	L2R0B4	

Project value est. $	Area of work (m²)
$3,700,000.00 TOTAL	(125,836 TOTAL) +/- 34,785 ft²

B. Purpose of application

☐ New construction ☐ Addition to an existing building ☐ Alteration/repair ☑ Demolition ☐ Conditional Permit

Proposed use of building	Current use of building
Vacant	Industrial Buildings

Description of proposed work
Abatement and Demolition of the existing GM Plant

C. Applicant — Applicant is: ☐ Owner or ☑ Authorized agent of owner

Last name	First name	Corporation or partnership	
Murray	Christina	Budget Environmental Disposal Inc.	
Street address		**Unit number**	**Lot/con.**
375 Gage Ave N			
Municipality	**Postal code**	**Province**	**E-mail**
Hamilton	L8L7B1	Ontario	ashley@budgetbin.ca
Telephone number	**Fax**		**Cell number**
(289) 639-9540	(905)543-0244		(905) 961-0084

D. Owner (if different from applicant)

Last name	First name	Corporation or partnership	
Megna	Robert	BayShore International (BSI)	
Street address		**Unit number**	**Lot/con.**
282 Ontario Street			
Municipality	**Postal code**	**Province**	**E-mail**
St. Catharines	L2R0B4	Ontario	
Telephone number	**Fax**		**Cell number**
(905) 228 1712	( )		( )

E. Builder (optional)			
Last name	First name	Corporation or partnership (if applicable)	
Street address		Unit number	Lot/con.
Municipality	Postal code	Province	E-mail
Telephone number ( )	Fax ( )	Cell number ( )	

F. Tarion Warranty Corporation (Ontario New Home Warranty Program)		
i. Is proposed construction for a new home as defined in the *Ontario New Home Warranties Plan Act*? If no, go to section G.	☐ Yes	☑ No
ii. Is registration required under the *Ontario New Home Warranties Plan Act*?	☐ Yes	☑ No
iii. If yes to (ii) provide registration number(s): _____		

G. Required Schedules

i) Attach Schedule 1 for each individual who reviews and takes responsibility for design activities.

ii) Attach Schedule 2 where application is to construct on-site, install or repair a sewage system.

H. Completeness and compliance with applicable law		
i) This application meets all the requirements of clauses 1.3.1.3 (5) (a) to (d) of Division C of the Building Code (the application is made in the correct form and by the owner or authorized agent, all applicable fields have been completed on the application and required schedules, and all required schedules are submitted).	☑ Yes	☐ No
Payment has been made of all fees that are required, under the applicable by-law, resolution or regulation made under clause 7(1)(c) of the *Building Code Act, 1992*, to be paid when the application is made.	☑ Yes	☐ No
ii) This application is accompanied by the plans and specifications prescribed by the applicable by-law, resolution or regulation made under clause 7(1)(b) of the *Building Code Act, 1992*.	☑ Yes	☐ No
iii) This application is accompanied by the information and documents prescribed by the applicable by-law, resolution or regulation made under clause 7(1)(b) of the *Building Code Act, 1992* which enable the chief building official to determine whether the proposed building, construction or demolition will contravene any applicable law.	☑ Yes	☐ No
iv) The proposed building, construction or demolition will not contravene any applicable law.	☑ Yes	☐ No

I. Declaration of applicant

I Christina Murray declare that:
(print name)

1. The information contained in this application, attached schedules, attached plans and specifications, and other attached documentation is true to the best of my knowledge.
2. If the owner is a corporation or partnership, I have the authority to bind the corporation or partnership.

Feb 27/15
Date

Signature of applicant

Personal information contained in this form and schedules is collected under the authority of subsection 8(1.1) of the *Building Code Act, 1992*, and will be used in the administration and enforcement of the *Building Code Act, 1992*. Questions about the collection of personal information may be addressed to: a) the Chief Building Official of the municipality or upper-tier municipality to which this application is being made, or, b) the inspector having the powers and duties of a chief building official in relation to sewage systems or plumbing for an upper-tier municipality, board of health or conservation authority to whom this application is made, or, c) Director, Building and Development Branch, Ministry of Municipal Affairs and Housing 777 Bay St., 2nd Floor. Toronto, M5G 2E5 (416) 585-6666.

Schedule 1: Designer Information

Use one form for each individual who reviews and takes responsibility for design activities with respect to the project.

A. Project Information

Building number, street name		Unit no.	Lot/con.
282-285 Ontario Street			
Municipality	**Postal code**	**Plan number/ other description**	
St. Catharines	L2R0B4		

B. Individual who reviews and takes responsibility for design activities

Name		Firm	
Street address		**Unit no.**	**Lot/con.**
Municipality	**Postal code**	**Province**	**E-mail**
Telephone number	**Fax number**		**Cell number**
( )	( )		( )

C. Design activities undertaken by individual identified in Section B. [Building Code Table 3.5.2.1. of Division C]

☐ House	☐ HVAC – House	☐ Building Structural
☐ Small Buildings	☐ Building Services	☐ Plumbing – House
☐ Large Buildings	☐ Detection, Lighting and Power	☐ Plumbing – All Buildings
☐ Complex Buildings	☐ Fire Protection	☐ On-site Sewage Systems

Description of designer's work

D. Declaration of Designer

I _____ declare that (choose one as appropriate):
(print name)

☐ I review and take responsibility for the design work on behalf of a firm registered under subsection 3.2.4.of Division C, of the Building Code. I am qualified, and the firm is registered, in the appropriate classes/categories.

Individual BCIN: _____

Firm BCIN: _____

☐ I review and take responsibility for the design and am qualified in the appropriate category as an "other designer" under subsection 3.2.5.of Division C, of the Building Code.

Individual BCIN: _____

Basis for exemption from registration: _____

☐ The design work is exempt from the registration and qualification requirements of the Building Code.

Basis for exemption from registration and qualification: _____

I certify that:

1. The information contained in this schedule is true to the best of my knowledge.
2. I have submitted this application with the knowledge and consent of the firm.

_____ _____
Date Signature of Designer

NOTE:

1. For the purposes of this form, "individual" means the "person" referred to in Clause 3.2.4.7(1) d).of Division C, Article 3.2.5.1. of Division C, and all other persons who are exempt from qualification under Subsections 3.2.4. and 3.2.5. of Division C.
2. Schedule 1 is not required to be completed by a holder of a license, temporary license, or a certificate of authorization, issued by the Ontario Association of Architects. Schedule 1 is also not required to be completed by a holder of a license to practise, a limited license to practise, or a certificate of authorization, issued by the Association of Professional Engineers of Ontario.

Schedule 2: Sewage System Installer Information

A. Project Information			
Building number, street name 282-285 Ontario Street		Unit number	Lot/con.
Municipality St. Catharines	Postal code L2R0B4	Plan number/ other description	

B. Sewage system installer

Is the installer of the sewage system engaged in the business of constructing on-site, installing, repairing, servicing, cleaning or emptying sewage systems, in accordance with Building Code Article 3.3.1.1, Division C?

☐ Yes (Continue to Section C) ☐ No (Continue to Section E) ☐ Installer unknown at time of application (Continue to Section E)

C. Registered installer information (where answer to B is "Yes")			
Name			BCIN
Street address			Unit number / Lot/con.
Municipality	Postal code	Province	E-mail
Telephone number ( )	Fax ( )		Cell number ( )

D. Qualified supervisor information (where answer to section B is "Yes")	
Name of qualified supervisor(s)	Building Code Identification Number (BCIN)

E. Declaration of Applicant:

I _____ declare that:
(print name)

☐ I am the applicant for the permit to construct the sewage system. If the installer is unknown at time of application, I shall submit a new Schedule 2 prior to construction when the installer is known;

OR

☐ I am the holder of the permit to construct the sewage system, and am submitting a new Schedule 2, now that the installer is known.

I certify that:

1. The information contained in this schedule is true to the best of my knowledge.
2. If the owner is a corporation or partnership, I have the authority to bind the corporation or partnership.

_____ _____
Date Signature of applicant

"L" Application/Permit Documents 15 10227 IL - 285 Ontario St.

THE CORPORATION OF THE
CITY OF ST. CATHARINES

www.stcatharines.ca

PO Box 3012, 50 Church Street
St. Catharines, ON L2R 7C2
Tel : 905.688.5600 | Fax: 905.688-5873
TTY: 905.688.4TTY (4889)

Building and Development

Building Permit Application – Supplemental Information

(MUST BE SUBMITTED WITH THE 'APPLICATION TO CONSTRUCT OR DEMOLISH')

A. Project Information			
Building number, street name 282-285 Ontario Street		Unit Number	Lot / Con
Municipality St. Catharines	Postal Code L2R0B4	Plan number / other description	

B. Master Plumber ☐ Plumbing Contractor ☐			
Last name	First name	Corporation or partnership	
Street Address		Unit Number	
Municipality	Postal Code	Province	email
Telephone Number	Fax Number	Cell Number	

C. HVAC Installer			
Last name	First name	Corporation or partnership	
Street Address		Unit Number	
Municipality	Postal Code	Province	email
Telephone Number	Fax Number	Cell Number	

D. Designer Information			
Last name	First name	Corporation or partnership	
Street Address		Unit Number	
Municipality	Postal Code	Province	email
Telephone Number	Fax Number	Cell Number	

THE CORPORATION OF THE
CITY OF ST. CATHARINES

www.stcatharines.ca

PO Box 3012, 50 Church Street
St. Catharines, ON L2R 7C2
Tel : 905.688.5600 | Fax: 905.688-5873
TTY: 905.688.4TTY (4889)

PLANNING AND DEVELOPMENT SERVICES
Building and Development
Building Permit Application – Supplemental Information
(MUST BE SUBMITTED WITH THE 'APPLICATION TO CONSTRUCT OR DEMOLISH')

CONSTRUCT	Gross Floor Area to be Constructed (SqFt)			
	Building Area to be Constructed (SqFt)			
	Number of Existing Dwelling Units			
	Number of New Dwelling Units			
DEMOLISH	Gross Floor Area to be Demolished (SqFt)			
	Building Area to be Demolished (SqFt)		1,354,000	
	Number of Stories to be Demolished		1-3	
	Number of Dwelling Units to be Demolished		0	
SITE SERVICING (new service)	D&D Review Required ☐ Yes ☐ No			
	Linear feet of D.S.W. 4 " or less	$0.46		
	Linear meters of D.S.W. 100mm or less	$1.51		
	Linear feet of D.S.W. over 4 "	$0.73		
	Linear meters of D.S.W. over 100mm	$2.40		
	# of Manholes, Catchbasins, Firehydrants	$33.00		
PLUMBING	☐ RESIDENTIAL ☐ NON-RESIDENTIAL			
Replacement of :	D&D Review Required ☐ Yes ☐ No			
Sanitary Sewer ☐	Linear feet of D.S.W. 4 " or less	$0.46		
Storm Sewer ☐	Linear meters of D.S.W. 100mm or less	$1.51		
Building Drain &/or ☐	Linear feet of D.S.W. over 4 "	$0.73		
Water Service ☐	Linear meters of D.S.W. over 100mm	$2.40		
	# of Manholes, Catchbasins, Firehydrants	$33.00		
All Other Plumbing	Linear feet of D.S.W. 4" or less	$0.46		
(new, altered or replaced)	Linear meters of D.S.W. 100mm or less	$1.61		
	# of Fixtures	$13.20 / fixture		
Backflow Prevention	# of Testable Devices	$13.20 / device		
FLAP Application		$150 flat rate		
Septic Tank Changeover		$110 flat rate		
Minimum Permit Fee		$110 flat rate		
HVAC Only		$190 per unit		

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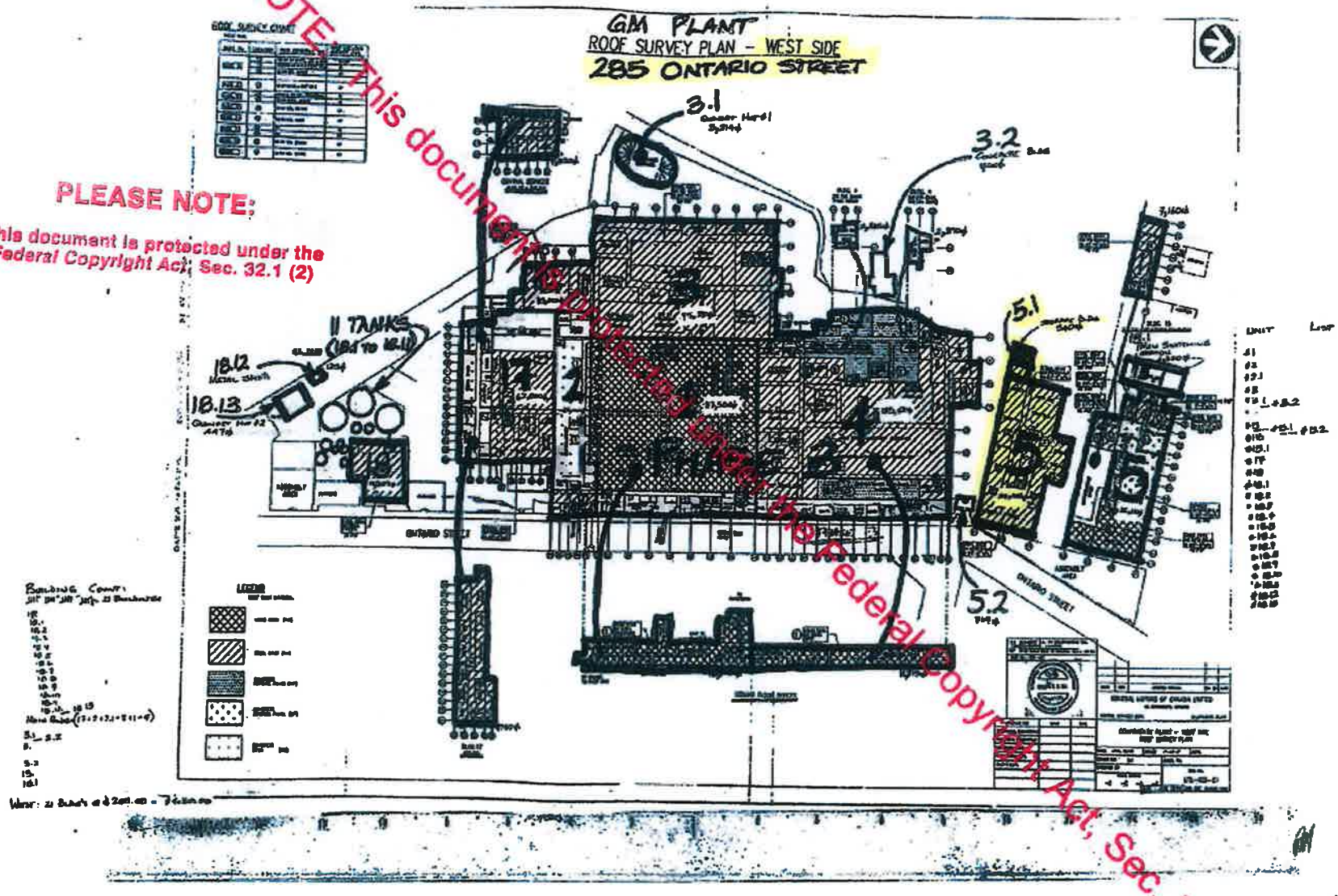


285 ONTARIO STREET: WEST BLDG

= AREA = 650,619 ft

15 102268 IL · MAIN BUILDING: (PHASE 3) 550,830 ft

#1 - GRD FLR =	117,500
#1 - 2ND FLR MEZZ =	16,710
#2 - GRD FLR =	45,000
#2.1 - GRD FLR =	15,000
#3 - GRD FLR =	75,330
#4 - GRD FLR =	179,430
#4 - 2ND FLR MEZZ =	16,715
#4 - 2ND FLR ABOVE TRUCK RAMP =	2,385
#4 - 2ND FLR ELEC. RM =	2,390
#17 - GRD FLR =	67,880
#17 - 2ND FLR =	11,940
#17 - 3RD FLR =	9,550
	550,830

15 102269 IL · BUILDING (#18): 9,507 ft

15 102270 IL · 11 TANKS (18.1 TO 18.11) - NO SQ.FT = 0 SQ.FT

15 102272 IL · METAL SHED (18.12): 125 ft

15 102273 IL · QUONSET HUT (18.13): 447 ft

15 102274 IL · QUONSET HUT (3.1): 5,214 ft

15 102276 IL · CONCRETE BLDG (3.2): 1,000 ft

15 102277 IL · BUILDING 5 + 5.1: 34,785 ft

#5 =	34,245
#5.1 =	540
	34,785

15 102278 IL · BUILDING 5.2: 719 ft

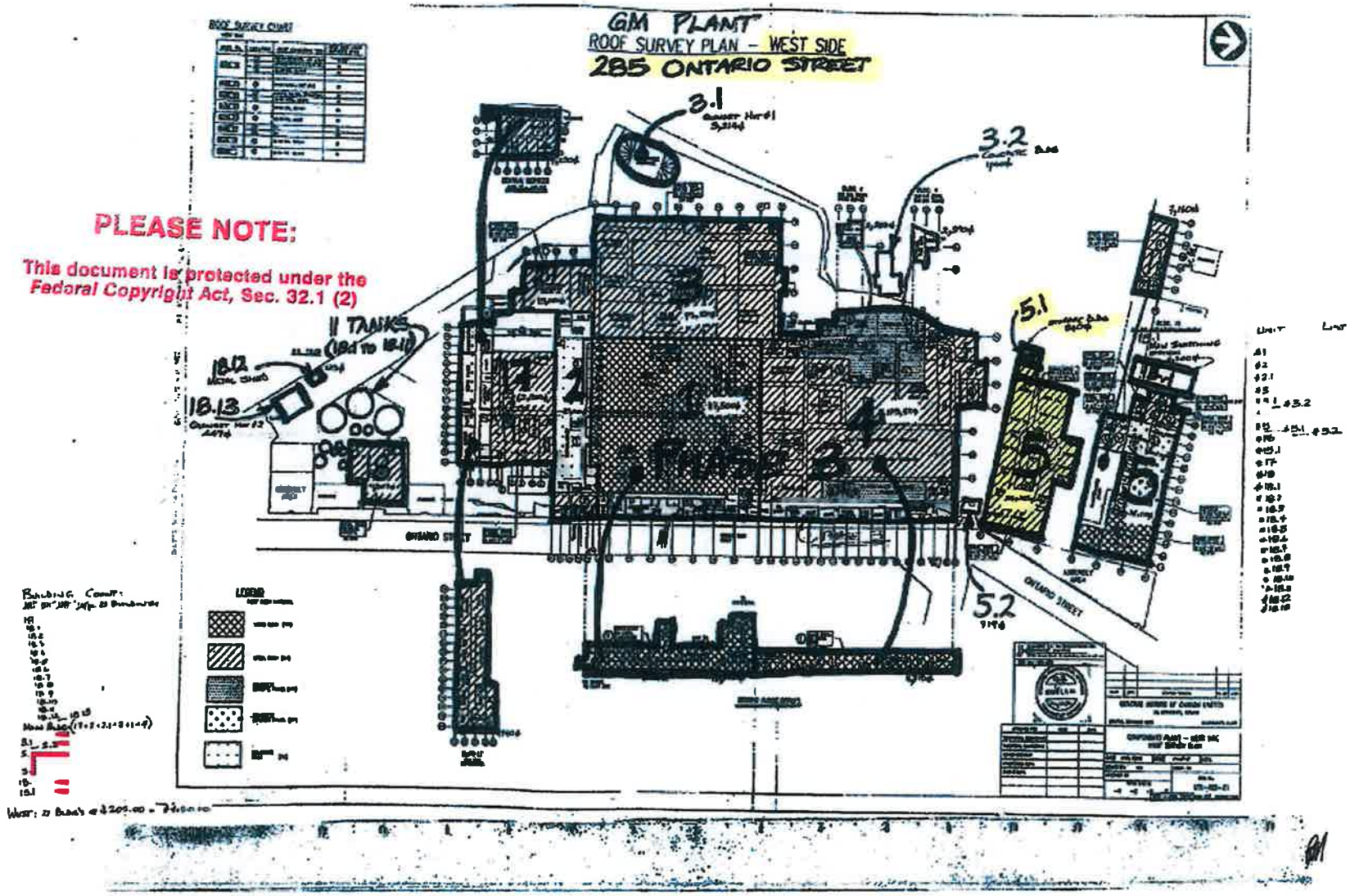
15 102279 IL · BUILDING 15: ~~45,792 ft~~

#15 - GRD. FLR =	36,632
#15 - 2ND FLR =	7,160
	43,792

15 102280 IL · MAIN SWITCHING BUILDING (15.1): = 4200 ft

21 DEMO PERMITS
↳ 11 DEMO PERMITS (LUMP 11 TANKS INTO 1 DEMO PERMIT)

"L" Application/Permit Documents 15 102276 IL - 285 Ontario St.



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1 OF 2

285 ONTARIO STREET: WEST BLDG

= AREA = 650,619 ft

- MAIN BUILDING: 550,830 ft

#1 - GRD FLR =	117,500
#1 - 2ND FLR MEZZ =	16,710
#2 - GRD FLR =	45,000
#2.1 - GRD FLR =	15,000
#3 - GRD FLR =	75,330
#4 - GRD FLR =	179,430
#4 - 2ND FLR. MEZZ =	16,715
#4 - 2ND FLR ABOVE TRUCK TUNNEL =	2,385
#4 - 2ND FLR ELEC. RM =	2,390
#17 - GRD FLR =	167,880
#17 - 2ND FLR =	11,940
#17 - 3RD FLR =	9,550
	550,830

- BUILDING (#18): 9,507 ft

- 11 TANKS (18.1 TO 18.11) - NO SQ.FT = 0 SQ.FT

- METAL SHED (18.12): 125 ft

- QUANSET HUT (18.13): 447 ft

- QUANSET HUT (3.1): 5,214 ft

- CONCRETE BLDG (3.2): 1,000 ft

- BUILDING 5 + 5.1: 34,785 ft

#5 =	34,245
#5.1 =	540
	34,785

- BUILDING 5.2: 719 ft

- BUILDING 15: 43,792 ft

#15 - GRD. FLR =	36,632
#15 - 2ND FLR =	7,160
	43,792

- MAIN SWITCHING BUILDING (15.1): = 4200 ft

"L"

21 DEMO PERMITS
↳ 11 DEMO PERMITS (LUMP 11 TANKS INTO 1 DEMO PERMIT)

BUILDING PERMIT PICK-UP AUTHORIZATION

PERMIT NO/PROJECT FILE NO: 15 102277 IL

ADDRESS OF PERMIT/PROJECT: 285 Ontario Street

NAME OF PERSON DESIGNATED TO PICK-UP: Jodi Tamminga
(PLEASE PRINT)

SIGNATURE: Jodi Tamminga

PICK-UP DATE: May 13/15

Date Prepared: MAY 13/15

Initials: JP

"L"

G:PDS-Forms\PermitPick-upAuth

CITY OF ST CATHARINES
PLANNING AND DEVELOPMENT SERVICES
BUILDING SECTION

DEMOLITION PERMIT APPLICATION – SERVICES DECLARATION

This form **must** be completed with all applications.

Date: February 27, 2015 **Project No:** 15 102277 IL

Address: 282 Ontario St, St Catharines

1.	a) Do you have a **water line?**	☒ Yes	☐ No
	b) If yes, do you wish to:		
	REMOVE the water service at watermain? (work order required – fees to be paid at time of application)	☒ (See Note 7)	
	REUSE the water service at the property line? (no work order required – no fees required)	☐	
2.	Do you have a **water meter** to be removed? (work order required – fees invoiced after work completed)	☒ Yes (See Note 6)	☐ No
3.	a) Do you have a **sanitary sewer line?**	☒ Yes	☐ No
	b) If yes, do you wish to:		
	REMOVE the existing sanitary sewer lateral at the property line? (work order required – fees to be paid at time of application)	☒ (See Note 7)	
	REUSE the existing sanitary sewer lateral at the property line? (no work order required – no fees required)	☐ (See Note 5)	
4.	a) Do you have a **storm sewer line?**	☒ Yes	☐ No
	b) If yes, do you wish to:		
	REMOVE the existing storm sewer lateral at the property line? (work order required – fees to be paid at time of application)	☒ (See Note 7)	
	REUSE the existing storm sewer lateral at the property line? (no work order required – no fees required)	☐	

5. If the applicant wishes to reuse the existing sewer lateral, a TV camera sewer lateral inspection, as per 'Schedule of Rates and Fees', applies. The applicant is responsible to contact the Sewer Foreman at 905-688-5601, Extension 2222 and arrange a time and date to complete the lateral inspection.
Please note – The lateral shall be accessible at time of inspection. **No further building permits can be issued for this property until the inspection is complete.**

6. There will be a charge to turn the water off as per 'Schedule of Rates and Fees'. The fee will be charged by the Water Billing Department upon removal of water meter.

7. The following only applies for the removal of the water service and/or sewer laterals:
   - Fees for the removal of existing services will be as per "Schedule of Rates and Fees". Applicant is advised to review Schedule of Rates and Fees.
   - The water services will be removed at the source watermain in the road and will not be re-useable.
   - The sewer services will be capped at the property line and will not be re-useable.

Date of Demolition: April 27, 2015

Contact Name (Print): William Bartels or Christina Murray

Contact Telephone Number: 905 312 9506 x 304

I HAVE BEEN ADVISED THAT IT IS THE OWNER'S RESPONSIBILITY TO CONTACT FINANCIAL MANAGEMENT SERVICES @ EXT. 1468 TO DETERMINE IF THERE ARE ANY PROPERTY TAX IMPLICATIONS.

Signature of Applicant

Note:
Separate work orders are required for items 1 – 4 above.
For all work orders raised in conjunction with a permit application, a copy of this application must be faxed to LSSC.

- Forward to Sewer Foreman.
- Attach a copy of building receipt.
- Provide copy to applicant

g:\pds-forms\demolition permit application-services declaration-apr2012.docm

Date: Feb 27/15

Planning and Development Services
Building Section

Re: Utility Clearance for Demolition Permit

I, Christina Murray, applicant for a ***Permit to Demolish***

Project File No.: 15 102277 IL

Address: 282-285 Ontario Street, St. Catharines - GM Plant

have notified the following utilities:

1.	**Horizon Utilities Corp,**	
	Enbridge Gas,	**1-800-400-2255**
	Bell Canada	
2.	**Cogeco Cable**	**1-800-267-9000**

I understand City staff will attend to the property concerning water and sewer services, and notices pursuant to the Ontario Heritage Act and Ministry of Labour

Signature of Applicant

PDS\Forms \ UtilClearance
March 2012

"L" Application/Permit Documents 15 102277 IL - 285 Ontario St

City of St. Catharines
stcatharines.ca

Church Street, P.O. Box 3012
St. Catharines, ON L2R 7C2
Tel: 905-688-5600
TTY: 905-688-4TTY (4889)

DEMOLITION PERMIT CHECKLIST

MARCH 05, 2015

#205.00

AMANDA FOLDER INFORMATION	15 102277 IL
ADDRESS / LOCATION:	285 ONTARIO STREET (WEST BLDG)
GROUP: BSP	
TYPE:	IL
SUB-TYPE:	MANUFACTURING PLANT
WORK PROPOSED:	DEMOLISH
DESCRIPTION:	DEMOLISH BUILDING #5 + #51 (+/- 34,785 ft²)
NUMBER OF EXISTING DWELLING UNITS:	Ø
NUMBER OF DWELLING UNITS TO BE DEMOLISHED / LOST:	Ø
STATS CANADA BUILDING AREA SQ.FT / M:	0
NEW GROSS FLOOR AREA:	0

WEST BUILDING	PERMIT TIME:		10
	Commercial / Residential: (Y)	N	#205.00
D & D Review Required?	(Y)	N	
Fire Review Required?	(Y)	N	
Plumbing Review Required?	(Y)	N	
Sidewalk Deposit Review Required?	(Y)	N	TBD
HVAC Review Required?	(Y)	N	
Decommission Water Service?	Y	N	$ TBD
Decommission Sanitary Service?	Y	N	$
Decommission Storm Service?	Y	N	$
Inspect Existing Sanitary Service?	Y	N	$

BUILDING CHECK

Inspector: _____

APPROVAL	REQ'D	REC'D	APPROVAL	REQ'D	REC'D
Heritage Act	Y (N)		Tenant Protection Act (5 or more units)	Y (N)	
Non-Designated Heritage Property	Y (N)		Utility Form	(Y) N	
Niagara Escarpment Commission	Y (N)		Water / Lateral Services Declaration Form	(Y) N	
Engineer Review	(Y) N	SEE P. ONG REPORT	Zoning – ALL Accessory Structures must be demolished along with main dwelling	(Y) N	

AGENCIES NOTIFIED

Clerk: _____

APPROVAL	REQ'D	REC'D	APPROVAL	REQ'D	REC'D
Ministry of Labour	Y N		City Utilities	Y N	

Remarks:
- ☐ O/A D & D FEES TBD
- ☐ O/A SIDEWALK DAMAGE DEPOSIT TBD
- ☐ FEES IN THE AMOUNT OF #205.00

DATE: APPROVED:

g:\les-forms\demolitionpermitchklst-Jan2010.doc

"L" Application/Permit Documents
CITY OF ST. CATHARINES

15 102277 IL - 285 Ontario St.

PLANNING AND BUILDING
SERVICES DEPARTMENT

CITY HALL
50 CHURCH STREET
P.O. BOX 3012
ST. CATHARINES, ONTARIO L2R 7C2

TEL. (905)-688-5601, EXT. 1660
FAX. (905)-688-5873

PERMIT

PERMISSION IS HEREBY GRANTED TO OWNER OF LAND TO:

Work Proposed: Demolish — Project #: 15 102277 IL
Manufacturing Plants — Industrial
Demolish Building #5 and #5.1 - West Building- O/A D&D Fees TBD- O/A Sidewalk Damage Deposi
Property Roll Number:2629040030056000000 — Application Date: March 05, 2015
Site Address: 285 Ontario Street Unit 0000 St. Catharines L1H 8P7 — Issued: May 11, 2015
Legal Description: See comment tab.

Applicant: Budget Environmental Disposal Inc
375 Gage Avenue Hamilton ON ON L8L 7B1 — Work: (289) 639-9540 — Fax: (905) 543-0244
Owner: 2390541 Ontario Inc
282 Ontario Street St. Catharines ON ON L2R 0B4 — Work: (905) 228-1712 — Home: (905) -

On the said premise in accordance with plans and/or documents submitted to the Chief Building Official and subjected to the conditions in our letter dated: Mar 26, 2015

Demolition Inspection

IMPORTANT

THE OWNER, CONTRACTOR OR AUTHORIZED AGENT OF THE OWNER SHALL NOTIFY THE BUILDING SECTION AT LEAST 48 HOURS IN ADVANCE OF THE ABOVE NOTED INSPECTIONS. PLEASE QUOTE YOUR PROJECT NUMBER.

CALL 688-5601 Ext 1660 (TTY: 905-688-4889)

THE APPROVED PERMIT DRAWINGS MUST BE KEPT ON THE CONSTRUCTION SITE AND MADE AVAILABLE TO THE INSPECTOR. COVERING WORK PRIOR TO INSPECTION MAY RESULT IN DELAYS AND REMOVAL OF FINISHES

1. All work must be completed in accordance with plans and/or documents submitted to the Chief Building Official and/or authorized changes by the Chief Building Official.
2. This permit will be revoked after six months if the work described has not been seriously commenced or if the work is substantially suspended or discontinued for a period of time.
3. This permit is granted on the express condition that the said work in all respects conforms to the provisions of the Ontario Building Code and any other relevant by-laws of the City of St. Catharines.
4. Permission must be obtained from the City Engineer and/or the Regional Engineer to occupy the road allowance (the street, the boulevard and sidewalk) or effect changes to same.
5. The project is subject to the requirements of the Occupational Health and Safety Act.
6. The owner, contractor, or authorized agent shall be responsible for verifying that the proposed work will not interfere with public services including gas, hydro, sewer, water, telephone and cable television.
7. Any future use of the property after demolition shall be in accordance with the Zoning By-laws and Site Plan Control By-law.

Date Signed: May 11, 2015 — Authorized Signature: _____
Chief Building Official

OFFICE COPY

"L"

15 102277 IL - 285 Ontario St.

St. Catharines

Planning and Building Services
PO Box 3012, 50 Church Street
St. Catharines, ON L2R 7C2

Phone: 905-688-5600
Fax: 905-688-5873
TTY: 905-688-4889

INSPECTION REPORT

OWNER: Bayshore Groups	PERMIT NUMBER: 15102277/L
CONSTRUCTOR/TENANT:	
DESIGNER:	
LOCATION OF WORK: 285 ONTARIO STREET.	

AN INSPECTION OF THE ABOVE PROJECT DISCLOSES THAT THE ITEM(S) NOTED BELOW REQUIRE YOUR REMEDIAL ACTION TO AVOID CONTRAVENTION OF:

- ☒ THE BUILDING CODE ACT AND REGULATIONS
- ☐ BY-LAW 2006-26, FENCING OF SWIMMING POOLS
- ☐ THE PLUMBING REGULATIONS OBC PART 7
- ☐ BY-LAW 2008-302, REGULATING SIGNS
- ☐ _____

TYPE OF INSPECTION:

☐ FOOTINGS	☐ INSULATION	☐ HVAC ROUGH-IN	☐ HVAC FINAL
☐ FOUNDATION / BACKFILL	☐ FIRE SEPARATION / EXITS	☐ PLUMBING ROUGH-IN	☐ PLUMBING FINAL
☐ FRAMING	☐ OCCUPANCY	☐ SEWER	☐ INSIDE DRAIN

ITEM	DESCRIPTION
	Demolition
1.	Observed demolition in progress.
	Clean up and removal of all debris required and reports submitted.
	Grade to be level.
2.	All reports from all consultants to be submitted. ie. field reports, environmental reports, final reports.
3.	Final inspection required and must be scheduled.
4.	All outstanding reports required by March 30, 2019.

☐ CONTINUED ON SCHEDULE "A" ATTACHED HERETO.
THE ABOVE ITEM(S) MUST BE COMPLETED ON OR BEFORE _____ CALL FOR A REINSPECTION
WHEN CORRECTION(S) HAVE BEEN MADE. ACCEPTANCE BY AN INSPECTOR IS REQUIRED

AFFIXED TO BUILDING SITE ☐ RECEIVED BY ☒ FAXED ☐ MAILED ☐

NAME: Quinn Flannigan POSITION: Operations Manager

DATE: March 22, 2019 ISSUED BY: _____ INSPECTOR

(White Copy for Constructor) - (Yellow Copy for Inspector)

inspectionreport-june-12

"M" Application/Permit Documents 15 102278 IL - 285 Ontario St.

Application for a Permit to Construct or Demolish

This form is authorized under subsection 8(1.1) of the Building Code Act.

For use by Principal Authority

Application number:	Permit number (if different): 15 102278 IL
Date received: MARCH 05, 2015	Roll number:

9 OF 11

Application submitted to: CITY OF ST CATHARINES
(Name of municipality, upper-tier municipality, board of health or conservation authority)

A. Project information

Building number, street name	Unit number	Lot/con.
285 Ontario Street (BLDG. # 5.2)		

Municipality	Postal code	Plan number/other description
St. Catharines	L2R0B4	

Project value est. $	Area of work (m²)
$3,700,000.00 TOTAL	(125,836 TOTAL) +/- 719m

B. Purpose of application

☐ New construction ☐ Addition to an existing building ☐ Alteration/repair ☑ Demolition ☐ Conditional Permit

Proposed use of building	Current use of building
Vacant	Industrial Buildings

Description of proposed work
Abatement and Demolition of the existing GM Plant

C. Applicant Applicant is: ☐ Owner or ☑ Authorized agent of owner

Last name	First name	Corporation or partnership	
Murray	Christina	Budget Environmental Disposal Inc.	
Street address		Unit number	Lot/con.
375 Gage Ave N			
Municipality	Postal code / Province		E-mail
Hamilton	L8L7B1 / Ontario		ashley@budgetbin.ca
Telephone number	Fax		Cell number
(289) 639-9540	(905)543-0244		(905) 961-0084

D. Owner (if different from applicant)

Last name	First name	Corporation or partnership	
Megna	Robert	BayShore International (BSI)	
Street address		Unit number	Lot/con.
282 Ontario Street			
Municipality	Postal code / Province		E-mail
St. Catharines	L2R0B4 / Ontario		
Telephone number	Fax		Cell number
(905 228 1712	( )		( )

E. Builder (optional)

Last name	First name	Corporation or partnership (if applicable)	
Street address		Unit number	Lot/con.
Municipality	Postal code	Province	E-mail
Telephone number ( )	Fax ( )	Cell number ( )	

F. Tarion Warranty Corporation (Ontario New Home Warranty Program)

i.	Is proposed construction for a new home as defined in the *Ontario New Home Warranties Plan Act*? If no, go to section G.	☐ Yes	☑ No
ii.	Is registration required under the *Ontario New Home Warranties Plan Act*?	☐ Yes	☑ No

iii. If yes to (ii) provide registration number(s): _____

G. Required Schedules

I) Attach Schedule 1 for each individual who reviews and takes responsibility for design activities.

II) Attach Schedule 2 where application is to construct on-site, install or repair a sewage system.

H. Completeness and compliance with applicable law

i) This application meets all the requirements of clauses 1.3.1.3 (5) (a) to (d) of Division C of the Building Code (the application is made in the correct form and by the owner or authorized agent, all applicable fields have been completed on the application and required schedules, and all required schedules are submitted).	☑ Yes	☐ No
Payment has been made of all fees that are required, under the applicable by-law, resolution or regulation made under clause 7(1)(c) of the *Building Code Act, 1992*, to be paid when the application is made.	☑ Yes	☐ No
ii) This application is accompanied by the plans and specifications prescribed by the applicable by-law, resolution or regulation made under clause 7(1)(b) of the *Building Code Act, 1992*.	☑ Yes	☐ No
iii) This application is accompanied by the information and documents prescribed by the applicable by-law, resolution or regulation made under clause 7(1)(b) of the *Building Code Act, 1992* which enable the chief building official to determine whether the proposed building, construction or demolition will contravene any applicable law.	☑ Yes	☐ No
iv) The proposed building, construction or demolition will not contravene any applicable law.	☑ Yes	☐ No

I. Declaration of applicant

I Christina Murray declare that:
(print name)

1. The information contained in this application, attached schedules, attached plans and specifications, and other attached documentation is true to the best of my knowledge.
2. If the owner is a corporation or partnership, I have the authority to bind the corporation or partnership.

Feb 27/15
Date

Signature of applicant

Personal information contained in this form and schedules is collected under the authority of subsection 8(1.1) of the *Building Code Act, 1992*, and will be used in the administration and enforcement of the *Building Code Act, 1992*. Questions about the collection of personal information may be addressed to: a) the Chief Building Official of the municipality or upper-tier municipality to which this application is being made, or, b) the inspector having the powers and duties of a chief building official in relation to sewage systems or plumbing for an upper-tier municipality, board of health or conservation authority to whom this application is made, or, c) Director, Building and Development Branch, Ministry of Municipal Affairs and Housing 777 Bay St., 2nd Floor. Toronto, M5G 2E5 (416) 585-6666.

Schedule 1: Designer Information

Use one form for each individual who reviews and takes responsibility for design activities with respect to the project.

A. Project Information

Building number, street name		Unit no.	Lot/con.
282-285 Ontario Street			
Municipality	**Postal code**	**Plan number/ other description**	
St. Catharines	L2R0B4		

B. Individual who reviews and takes responsibility for design activities

Name		Firm	
Street address		**Unit no.**	**Lot/con.**
Municipality	**Postal code** / **Province**	**E-mail**	
Telephone number ( )	**Fax number** ( )	**Cell number** ( )	

C. Design activities undertaken by individual identified in Section B. [Building Code Table 3.5.2.1. of Division C]

☐ House	☐ HVAC – House	☐ Building Structural
☐ Small Buildings	☐ Building Services	☐ Plumbing – House
☐ Large Buildings	☐ Detection, Lighting and Power	☐ Plumbing – All Buildings
☐ Complex Buildings	☐ Fire Protection	☐ On-site Sewage Systems

Description of designer's work

D. Declaration of Designer

I _____ declare that (choose one as appropriate):
(print name)

☐ I review and take responsibility for the design work on behalf of a firm registered under subsection 3.2.4.of Division C, of the Building Code. I am qualified, and the firm is registered, in the appropriate classes/categories.

Individual BCIN: _____

Firm BCIN: _____

☐ I review and take responsibility for the design and am qualified in the appropriate category as an "other designer" under subsection 3.2.5.of Division C, of the Building Code.

Individual BCIN: _____

Basis for exemption from registration: _____

☐ The design work is exempt from the registration and qualification requirements of the Building Code.

Basis for exemption from registration and qualification: _____

I certify that:

1. The information contained in this schedule is true to the best of my knowledge.
2. I have submitted this application with the knowledge and consent of the firm.

_____ _____
Date Signature of Designer

NOTE:

1. For the purposes of this form, "individual" means the "person" referred to in Clause 3.2.4.7(1) d).of Division C, Article 3.2.5.1. of Division C, and all other persons who are exempt from qualification under Subsections 3.2.4. and 3.2.5. of Division C.
2. Schedule 1 is not required to be completed by a holder of a license, temporary license, or a certificate of authorization, issued by the Ontario Association of Architects. Schedule 1 is also not required to be completed by a holder of a license to practise, a limited license to practise, or a certificate of authorization, issued by the Association of Professional Engineers of Ontario.

Schedule 2: Sewage System Installer Information

A. Project Information			
Building number, street name 282-285 Ontario Street		Unit number	Lot/con.
Municipality St. Catharines	Postal code L2R0B4	Plan number/ other description	

B. Sewage system installer

Is the installer of the sewage system engaged in the business of constructing on-site, installing, repairing, servicing, cleaning or emptying sewage systems, in accordance with Building Code Article 3.3.1.1, Division C?

☐ Yes (Continue to Section C) ☐ No (Continue to Section E) ☐ Installer unknown at time of application (Continue to Section E)

C. Registered installer information (where answer to B is "Yes")			
Name			BCIN
Street address			Unit number / Lot/con.
Municipality	Postal code	Province	E-mail
Telephone number ( )	Fax ( )		Cell number ( )

D. Qualified supervisor information (where answer to section B is "Yes")	
Name of qualified supervisor(s)	Building Code Identification Number (BCIN)

E. Declaration of Applicant

I _____ declare that:
(print name)

☐ I am the applicant for the permit to construct the sewage system. If the installer is unknown at time of application, I shall submit a new Schedule 2 prior to construction when the installer is known;

OR

☐ I am the holder of the permit to construct the sewage system, and am submitting a new Schedule 2, now that the installer is known.

I certify that:

1. The information contained in this schedule is true to the best of my knowledge.
2. If the owner is a corporation or partnership, I have the authority to bind the corporation or partnership.

_____ _____
Date Signature of applicant

"M" Application/Permit Documents 15 102278 IL - 285 Ontario St.

THE CORPORATION OF THE
CITY OF ST. CATHARINES

www.stcatharines.ca

PO Box 3012, 50 Church Street
St. Catharines, ON L2R 7C2
Tel : 905.688.5600 | Fax: 905.688-5873
TTY: 905.688.4TTY (4889)

Building and Development

Building Permit Application – Supplemental Information

(MUST BE SUBMITTED WITH THE 'APPLICATION TO CONSTRUCT OR DEMOLISH')

A. Project Information

Building number, street name	Unit Number	Lot / Con
282-285 Ontario Street		

Municipality	Postal Code	Plan number / other description
St. Catharines	L2R0B4	

B. Master Plumber ☐ Plumbing Contractor ☐

Last name	First name	Corporation or partnership

Street Address	Unit Number	

Municipality	Postal Code	Province	email

Telephone Number	Fax Number	Cell Number

C. HVAC Installer

Last name	First name	Corporation or partnership

Street Address	Unit Number	

Municipality	Postal Code	Province	email

Telephone Number	Fax Number	Cell Number

D. Designer Information

Last name	First name	Corporation or partnership

Street Address	Unit Number	

Municipality	Postal Code	Province	email

Telephone Number	Fax Number	Cell Number

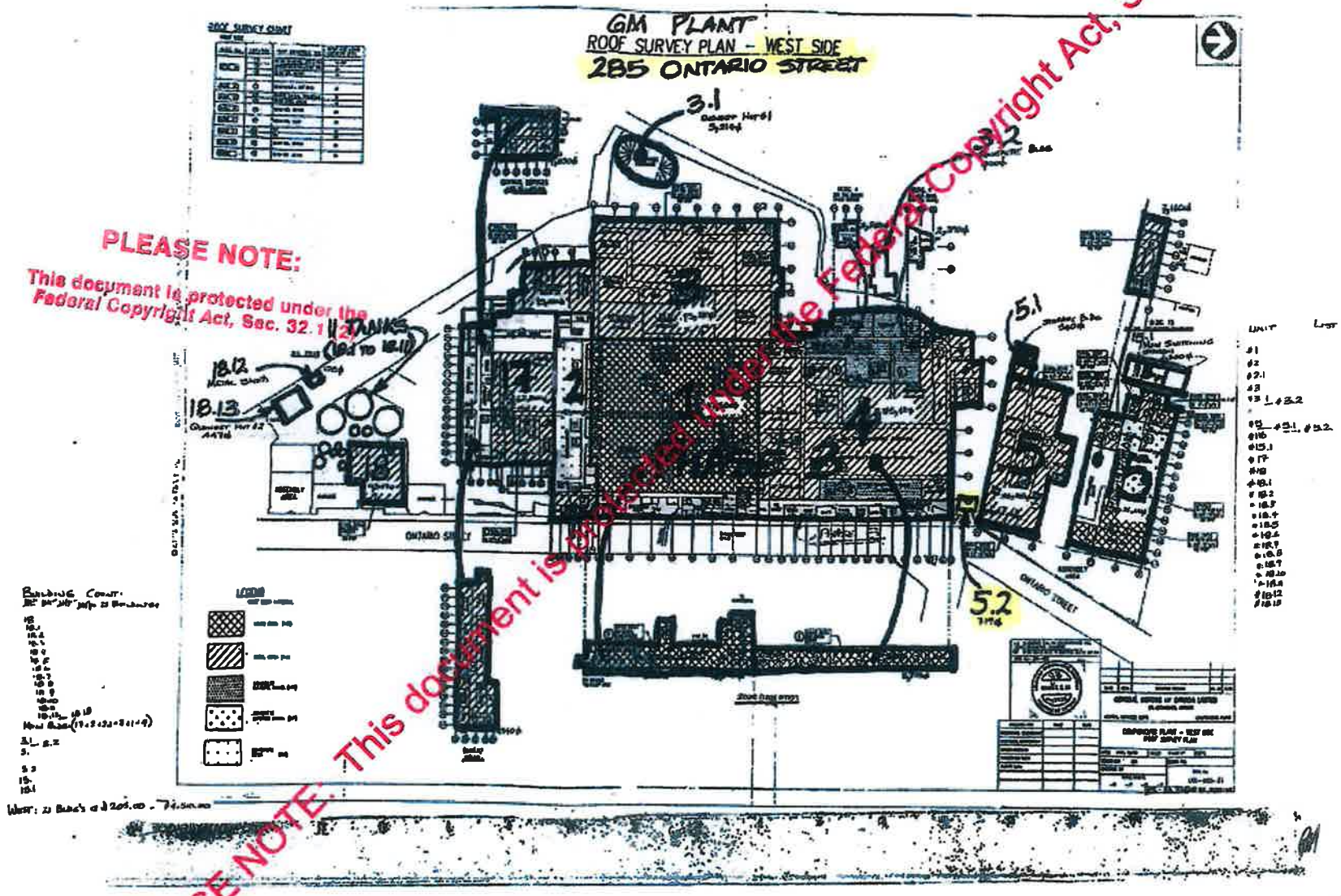
THE CORPORATION OF THE
CITY OF ST. CATHARINES

www.stcatharines.ca

PO Box 3012, 50 Church Street
St. Catharines, ON L2R 7C2
Tel : 905.688.5600 | Fax: 905.688-5873
TTY: 905.688.4TTY (4889)

PLANNING AND DEVELOPMENT SERVICES
Building and Development
Building Permit Application – Supplemental Information
(MUST BE SUBMITTED WITH THE 'APPLICATION TO CONSTRUCT OR DEMOLISH')

B. FEE INFORMATION		UNIT COST	NO UNITS	COST OF WORK
BUILDING INFORMATION				
CONSTRUCT	Gross Floor Area to be Constructed (SqFt)			
	Building Area to be Constructed (SqFt)			
	Number of Existing Dwelling Units			
	Number of New Dwelling Units			
BUILDING INFORMATION				
DEMOLISH	Gross Floor Area to be Demolished (SqFt)			
	Building Area to be Demolished (SqFt)		1,354,000	
	Number of Stories to be Demolished		1-3	
	Number of Dwelling Units to be Demolished		0	
PLUMBING ONLY				
SITE SERVICING (new service)	D&D Review Required ☐ Yes ☐ No			
	Linear feet of D.S.W. 4 " or less	$0.46		
	Linear meters of D.S.W. 100mm or less	$1.51		
	Linear feet of D.S.W. over 4 "	$0.73		
	Linear meters of D.S.W. over 100mm	$2.40		
	# of Manholes, Catchbasins, Firehydrants	$33.00		
PLUMBING	☐ RESIDENTIAL ☐ NON-RESIDENTIAL			
Replacement of :	D&D Review Required ☐ Yes ☐ No			
Sanitary Sewer ☐	Linear feet of D.S.W. 4 " or less	$0.46		
Storm Sewer ☐	Linear meters of D.S.W. 100mm or less	$1.51		
Building Drain &/or ☐	Linear feet of D.S.W. over 4 "	$0.73		
Water Service ☐	Linear meters of D.S.W. over 100mm	$2.40		
	# of Manholes, Catchbasins, Firehydrants	$33.00		
All Other Plumbing	Linear feet of D.S.W. 4" or less	$0.46		
(new, altered or replaced)	Linear meters of D.S.W. 100mm or less	$1.61		
	# of Fixtures	$13.20 / fixture		
Backflow Prevention	# of Testable Devices	$13.20 / device		
FLAP Application		$150 flat rate		
Septic Tank Changeover		$110 flat rate		
Minimum Permit Fee		$110 flat rate		
HVAC Only		$190 per unit		



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PLEASE NOTE: This document is protected under the Federal Copyright Act, Sec. 32.1(2)

285 ONTARIO STREET: WEST BLDG

= AREA - 650,619 ft

15 102268 IL: MAIN BUILDING: 550,830 ft (PHASE 3)

#1 - GRD FLR	=	117,500
#1 - 2ND FLR MEZZ	=	16,710
#2 - GRD FLR	=	45,000
#2.1 - GRD FLR	=	15,000
#3 - GRD FLR	=	75,330
#4 - GRD FLR	=	75,430
#4 - 2ND FLR MEZZ	=	16,715
#4 - 2ND FLR ADDITIONAL TRUCK PARKING	=	2,385
#4 - 2ND FLR ELEC RM	=	2,390
#17 - GRD FLR	=	62,880
#17 - 2ND FLR	=	11,940
#17 - 3RD FLR	=	9,550
		550,830

15 102269 IL - BUILDING (#18): 9,507 ft

15 102270 IL - 11 TANKS (18.1 TO 18.11) - NO SQ.FT = 0 SQ.FT

15 102272 IL - METAL SHED (18.12): 125 ft

15 102273 IL - QUANSET HUT (18.13): 447 ft

15 102274 IL - QUANSET HUT (3.1): 5,214 ft

15 102276 IL - CONCRETE BLDG (3.2): 1,000 ft

15 102277 IL - BUILDING 5 + 5.1: 34,785 ft

#5	=	34,245
#5.1	=	540
		34,785

15 102278 IL - BUILDING 5.2: 719 ft

15 102279 IL - BUILDING 15: 43,792 ft

#15 - GRD. FLR	=	36,632
#15 - 2ND FLR	=	7,160
		43,792

15 102280 IL - MAIN SWITCHING BUILDING (15.1): = 4200 ft

21 DEMO PERMITS
↳ 11 DEMO PERMITS (LUMP 11 TANKS INTO 1 DEMO PERMIT)

CITY OF ST CATHARINES
PLANNING AND DEVELOPMENT SERVICES
BUILDING SECTION

DEMOLITION PERMIT APPLICATION – SERVICES DECLARATION

This form **must** be completed with all applications.

Date: February 27, 2015 **Project No:** 15 102278 IL

Address: 282 Ontario St, St Catharines

1. a) Do you have a **water line?** ☒ Yes ☐ No

   b) **If yes, do you wish to:**

   REMOVE the water service at watermain? (work order required – fees to be paid at time of application) ☒ (See Note 7)

   REUSE the water service at the property line? (no work order required – no fees required) ☐

2. Do you have a **water meter** to be removed? (work order required – fees invoiced after work completed) ☒ Yes (See Note 6) ☐ No

3. a) Do you have a **sanitary sewer line?** ☒ Yes ☐ No

   b) **If yes, do you wish to:**

   REMOVE the existing sanitary sewer lateral at the property line? (work order required – fees to be paid at time of application) ☒ (See Note 7)

   REUSE the existing sanitary sewer lateral at the property line? (no work order required – no fees required) ☐ (See Note 5)

4. a) Do you have a **storm sewer line?** ☒ Yes ☐ No

   b) **If yes, do you wish to:**

   REMOVE the existing storm sewer lateral at the property line? (work order required – fees to be paid at time of application) ☒ (See Note 7)

   REUSE the existing storm sewer lateral at the property line? (no work order required – no fees required) ☐

5. If the applicant wishes to reuse the existing sewer lateral, a TV camera sewer lateral inspection, as per 'Schedule of Rates and Fees', applies. The applicant is responsible to contact the Sewer Foreman at 905-688-5601, Extension 2222 and arrange a time and date to complete the lateral inspection.
   Please note – The lateral shall be accessible at time of inspection. **No further building permits can be issued for this property until the inspection is complete.**

6. There will be a charge to turn the water off as per 'Schedule of Rates and Fees'. The fee will be charged by the Water Billing Department upon removal of water meter.

7. The following only applies for the removal of the water service and/or sewer laterals:
   - Fees for the removal of existing services will be as per "Schedule of Rates and Fees". Applicant is advised to review Schedule of Rates and Fees.
   - The water services will be removed at the source watermain in the road and will not be re-useable.
   - The sewer services will be capped at the property line and will not be re-useable.

Date of Demolition: April 27, 2015

Contact Name (Print): William Bartels or Christina Murray

Contact Telephone Number: 905 312 9506 x 304

I HAVE BEEN ADVISED THAT IT IS THE OWNER'S RESPONSIBILITY TO CONTACT FINANCIAL MANAGEMENT SERVICES @ EXT. 1456 TO DETERMINE IF THERE ARE ANY PROPERTY TAX IMPLICATIONS.

Signature of Applicant

Note:
Separate work orders are required for items 1 – 4 above.
For all work orders raised in conjunction with a permit application, a copy of this application must be faxed to LSSC.

- Forward to Sewer Foreman.
- Attach a copy of building receipt.
- Provide copy to applicant

g:\pds-forms\demolition permit application-services declaration-apr2012.docm

Date: Feb 27/15

Planning and Development Services
Building Section

Re: Utility Clearance for Demolition Permit

I, Christina Murray, applicant for a ***Permit to Demolish***

Project File No.: 15 102278 IL

Address: 282-285 Ontario Street, St. Catharines - GM Plant

have notified the following utilities:

1. **Horizon Utilities Corp,**
   Enbridge Gas, **1-800-400-2255**
   Bell Canada
2. **Cogeco Cable** **1-800-267-9000**

I understand City staff will attend to the property concerning water and sewer services, and notices pursuant to the Ontario Heritage Act and Ministry of Labour

Signature of Applicant

PDS Forms \ UtilClearance
March 2012

"M" Application/Permit Documents 15 102278 IL - 285 Ontario St

9/11

City of St. Catharines
stcatharines.ca

Church Street, P.O. Box 3012
St. Catharines, ON L2R 7C2
Tel: 905-688-5600
TTY: 905-688-4TTY (4889)

DEMOLITION PERMIT CHECKLIST $205.00

MARCH 05, 2015

AMANDA FOLDER INFORMATION	15 102278 IL
ADDRESS / LOCATION:	285 ONTARIO STREET (WEST BLDG)
GROUP: BSP	
TYPE:	IL
SUB-TYPE:	MANUFACTURING PLANT
WORK PROPOSED:	DEMOLISH
DESCRIPTION:	DEMOLISH BUILDING # 5.2 (+/- 719m²)
NUMBER OF EXISTING DWELLING UNITS:	Ø
NUMBER OF DWELLING UNITS TO BE DEMOLISHED / LOST:	Ø
STATS CANADA BUILDING AREA SQ.FT / M:	0
NEW GROSS FLOOR AREA:	0

WEST BUILDING	PERMIT TIME:		10
	Commercial / Residential: (Y)	N	$205.00
D & D Review Required?	(Y)	N	
Fire Review Required?	(Y)	N	
Plumbing Review Required?	(Y)	N	
Sidewalk Deposit Review Required?	(Y)	N	TBD
HVAC Review Required?	(Y)	N	
Decommission Water Service?	Y	N	$
Decommission Sanitary Service?	Y	N	$ TBD
Decommission Storm Service?	Y	N	$
Inspect Existing Sanitary Service?	Y	N	$

BUILDING CHECK Inspector: _____

APPROVAL	REQ'D	REC'D	APPROVAL	REQ'D	REC'D
Heritage Act	Y (N)		Tenant Protection Act (5 or more units)	Y (N)	
Non-Designated Heritage Property	Y (N)		Utility Form	(Y) N	
Niagara Escarpment Commission	Y (N)		Water / Lateral Services Declaration Form	(Y) N	
Engineer Review	(Y) N	SEE P.ENG REPORT	Zoning – ALL Accessory Structures must be demolished along with main dwelling	(Y) N	

AGENCIES NOTIFIED Clerk: _____

APPROVAL	REQ'D	REC'D	APPROVAL	REQ'D	REC'D
Ministry of Labour	Y N		City Utilities	Y N	

Remarks:
- ☐ O/A D & D FEES TBD
- ☐ O/A SIDEWALK DAMAGE DEPOSITE TBD
- ☐ FEES IN THE AMOUNT OF $ 205.00

DATE: APPROVED:

g:\tes-forms\demolitionpermitchklst-Jan2010.doc

"M" Application/Permit Documents
CITY OF ST. CATHARINES

15 102278 IL - 285 Ontario St.

PLANNING AND BUILDING
SERVICES DEPARTMENT

CITY HALL
50 CHURCH STREET
P.O. BOX 3012
ST. CATHARINES, ONTARIO L2R 7C2

TEL (905)-688-5601. EXT. 1660
FAX. (905)-688-5873

PERMIT

PERMISSION IS HEREBY GRANTED TO OWNER OF LAND TO:

Work Proposed: Demolish Manufacturing Plants — Project #: 15 102278 IL — Industrial

Demolish Building #5.2 - West Building-O/A D&D Fees TBD-O/A Sidewalk Damage Deposit TBD

Property Roll Number:2629040030056000000 — Application Date: March 05, 2015

Site Address: 285 Ontario Street Unit 0000 St. Catharines L1H 8P7 — Issued: May 11, 2015

Legal Description: See comment tab.

Applicant: Budget Environmental Disposal Inc
375 Gage Avenue Hamilton ON ON L8L 7B1 — Work: (289) 639-9540 — Fax: (905) 543-0244

Owner: 2390541 Ontario Inc
282 Ontario Street St. Catharines ON ON L2R 0B4 — Work: (905) 228-1712 — Home: (905) -

On the said premise in accordance with plans and/or documents submitted to the Chief Building Official and subjected to the conditions in our letter dated: Mar 26, 2015

Demolition Inspection

IMPORTANT

THE OWNER, CONTRACTOR OR AUTHORIZED AGENT OF THE OWNER SHALL NOTIFY THE BUILDING SECTION AT LEAST 48 HOURS IN ADVANCE OF THE ABOVE NOTED INSPECTIONS. PLEASE QUOTE YOUR PROJECT NUMBER.

CALL 688-5601 Ext 1660 (TTY: 905-688-4889)

THE APPROVED PERMIT DRAWINGS MUST BE KEPT ON THE CONSTRUCTION SITE AND MADE AVAILABLE TO THE INSPECTOR. COVERING WORK PRIOR TO INSPECTION MAY RESULT IN DELAYS AND REMOVAL OF FINISHES

1. All work must be completed in accordance with plans and/or documents submitted to the Chief Building Official and/or authorized changes by the Chief Building Official.
2. This permit will be revoked after six months if the work described has not been seriously commenced or if the work is substantially suspended or discontinued for a period of time.
3. This permit is granted on the express condition that the said work in all respects conforms to the provisions of the Ontario Building Code and any other relevant by-laws of the City of St. Catharines.
4. Permission must be obtained from the City Engineer and/or the Regional Engineer to occupy the road allowance (the street, the boulevard and sidewalk) or effect changes to same.
5. The project is subject to the requirements of the Occupational Health and Safety Act.
6. The owner, contractor, or authorized agent shall be responsible for verifying that the proposed work will not interfere with public services including gas, hydro, sewer, water, telephone and cable television.
7. Any future use of the property after demolition shall be in accordance with the Zoning By-laws and Site Plan Control By-law.

Date Signed: May 11, 2015 — Authorized Signature: _____
Chief Building Official

OFFICE COPY

"M" 15 102278 IL - 285 Ontario St.

St. Catharines

Planning and Building Services
PO Box 3012, 50 Church Street
St. Catharines, ON L2R 7C2

Phone: 905-688-5600
Fax: 905-688-5873
TTY: 905-688-4889

INSPECTION REPORT

OWNER: Bayshore Groups	PERMIT NUMBER: 15 102278 IL
CONSTRUCTOR/TENANT:	
DESIGNER:	
LOCATION OF WORK: 285 ONTARIO STREET.	

AN INSPECTION OF THE ABOVE PROJECT DISCLOSES THAT THE ITEM(S) NOTED BELOW REQUIRE YOUR REMEDIAL ACTION TO AVOID CONTRAVENTION OF:

- ☒ THE BUILDING CODE ACT AND REGULATIONS
- ☐ BY-LAW 2006-26, FENCING OF SWIMMING POOLS
- ☐ THE PLUMBING REGULATIONS OBC PART 7
- ☐ BY-LAW 2008-302, REGULATING SIGNS
- ☐ _____

TYPE OF INSPECTION:

☐ FOOTINGS	☐ INSULATION	☐ HVAC ROUGH-IN	☐ HVAC FINAL
☐ FOUNDATION / BACKFILL	☐ FIRE SEPARATION / EXITS	☐ PLUMBING ROUGH-IN	☐ PLUMBING FINAL
☐ FRAMING	☐ OCCUPANCY	☐ SEWER	☐ INSIDE DRAIN

ITEM	DESCRIPTION
	Demolition
1.	Observed demolition in progress.
	Clean up and removal of all debris required and reports submitted.
	Grade to be level.
2.	All reports from all consultants to be submitted. ie. field reports, environmental reports, final reports.
3.	Final inspection required and must be scheduled.
4.	All outstanding reports required by March 30, 2019.

☐ CONTINUED ON SCHEDULE "A" ATTACHED HERETO.
THE ABOVE ITEM(S) MUST BE COMPLETED ON OR BEFORE _____ CALL FOR A REINSPECTION
WHEN CORRECTION(S) HAVE BEEN MADE, ACCEPTANCE BY AN INSPECTOR IS REQUIRED

AFFIXED TO BUILDING SITE ☐ RECEIVED BY ☒ FAXED ☐ MAILED ☐

NAME: Quinn Flannigan POSITION: Operations Manager

DATE: March 22, 2019 ISSUED BY: _____ INSPECTOR

(White Copy for Constructor) (Yellow Copy for Inspector)

inspectionreport-june-12

"N" Application/Permit Documents 15 102279 IL - 285 Ontario St.

Application for a Permit to Construct or Demolish

This form is authorized under subsection 8(1.1) of the Building Code Act.

For use by Principal Authority

Application number:	Permit number (if different): 15 102279 IL
Date received: MARCH 05, 2015	Roll number:

10 of 11

Application submitted to: CITY OF ST CATHARINES
(Name of municipality, upper-tier municipality, board of health or conservation authority)

A. Project information

Building number, street name		Unit number	Lot/con.
285 Ontario Street (BLDG. #15)			
Municipality St. Catharines	**Postal code** L2R0B4	**Plan number/other description**	
Project value est. $ $3,700,000.00 TOTAL		**Area of work (m²)** (125,836 TOTAL) +/- 43,792±	

B. Purpose of application

☐ New construction ☐ Addition to an existing building ☐ Alteration/repair ☑ Demolition ☐ Conditional Permit

Proposed use of building	Current use of building
Vacant	Industrial Buildings

Description of proposed work
Abatement and Demolition of the existing GM Plant

C. Applicant Applicant is: ☐ Owner or ☑ Authorized agent of owner

Last name	First name	Corporation or partnership	
Murray	Christina	Budget Environmental Disposal Inc.	
Street address 375 Gage Ave N		**Unit number**	**Lot/con.**
Municipality Hamilton	**Postal code** L8L7B1	**Province** Ontario	**E-mail** ashley@budgetbin.ca
Telephone number (289) 639-9540	**Fax** (905) 543-0244	**Cell number** (905) 961-0084	

D. Owner (if different from applicant)

Last name	First name	Corporation or partnership	
Megna	Robert	BayShore International (BSI)	
Street address 282 Ontario Street		**Unit number**	**Lot/con.**
Municipality St. Catharines	**Postal code** L2R0B4	**Province** Ontario	**E-mail**
Telephone number (905) 228 1712	**Fax** ( )	**Cell number** ( )	

E. Builder (optional)			
Last name	First name	Corporation or partnership (if applicable)	
Street address		Unit number	Lot/con.
Municipality	Postal code	Province	E-mail
Telephone number ( )	Fax ( )	Cell number ( )	

F. Tarion Warranty Corporation (Ontario New Home Warranty Program)		
i. Is proposed construction for a new home as defined in the *Ontario New Home Warranties Plan Act*? If no, go to section G.	☐ Yes	☑ No
ii. Is registration required under the *Ontario New Home Warranties Plan Act*?	☐ Yes	☑ No
iii. If yes to (ii) provide registration number(s): _____		

G. Required Schedules

i) Attach Schedule 1 for each individual who reviews and takes responsibility for design activities.

ii) Attach Schedule 2 where application is to construct on-site, install or repair a sewage system.

H. Completeness and compliance with applicable law		
i) This application meets all the requirements of clauses 1.3.1.3 (5) (a) to (d) of Division C of the Building Code (the application is made in the correct form and by the owner or authorized agent, all applicable fields have been completed on the application and required schedules, and all required schedules are submitted).	☑ Yes	☐ No
Payment has been made of all fees that are required, under the applicable by-law, resolution or regulation made under clause 7(1)(c) of the *Building Code Act, 1992*, to be paid when the application is made.	☑ Yes	☐ No
ii) This application is accompanied by the plans and specifications prescribed by the applicable by-law, resolution or regulation made under clause 7(1)(b) of the *Building Code Act, 1992*.	☑ Yes	☐ No
iii) This application is accompanied by the information and documents prescribed by the applicable by-law, resolution or regulation made under clause 7(1)(b) of the *Building Code Act, 1992* which enable the chief building official to determine whether the proposed building, construction or demolition will contravene any applicable law.	☑ Yes	☐ No
iv) The proposed building, construction or demolition will not contravene any applicable law.	☑ Yes	☐ No

I. Declaration of applicant

I Christina Murray declare that:
(print name)

1. The information contained in this application, attached schedules, attached plans and specifications, and other attached documentation is true to the best of my knowledge.
2. If the owner is a corporation or partnership, I have the authority to bind the corporation or partnership.

Feb 27/15
Date

Signature of applicant

Personal information contained in this form and schedules is collected under the authority of subsection 8(1.1) of the *Building Code Act, 1992*, and will be used in the administration and enforcement of the *Building Code Act, 1992*. Questions about the collection of personal information may be addressed to: a) the Chief Building Official of the municipality or upper-tier municipality to which this application is being made, or, b) the inspector having the powers and duties of a chief building official in relation to sewage systems or plumbing for an upper-tier municipality, board of health or conservation authority to whom this application is made, or, c) Director, Building and Development Branch, Ministry of Municipal Affairs and Housing 777 Bay St., 2nd Floor. Toronto, M5G 2E5 (416) 585-6666.

Schedule 1: Designer Information

Use one form for each individual who reviews and takes responsibility for design activities with respect to the project.

A. Project Information

Building number, street name		Unit no.	Lot/con.
282-285 Ontario Street			
Municipality	Postal code	Plan number/ other description	
St. Catharines	L2R0B4		

B. Individual who reviews and takes responsibility for design activities

Name		Firm	
Street address		Unit no.	Lot/con.
Municipality	Postal code / Province	E-mail	
Telephone number ( )	Fax number ( )	Cell number ( )	

C. Design activities undertaken by individual identified in Section B. [Building Code Table 3.5.2.1. of Division C]

☐ House	☐ HVAC – House	☐ Building Structural
☐ Small Buildings	☐ Building Services	☐ Plumbing – House
☐ Large Buildings	☐ Detection, Lighting and Power	☐ Plumbing – All Buildings
☐ Complex Buildings	☐ Fire Protection	☐ On-site Sewage Systems

Description of designer's work

D. Declaration of Designer

I _____ declare that (choose one as appropriate):
(print name)

☐ I review and take responsibility for the design work on behalf of a firm registered under subsection 3.2.4.of Division C, of the Building Code. I am qualified, and the firm is registered, in the appropriate classes/categories.

Individual BCIN: _____

Firm BCIN: _____

☐ I review and take responsibility for the design and am qualified in the appropriate category as an "other designer" under subsection 3.2.5.of Division C, of the Building Code.

Individual BCIN: _____

Basis for exemption from registration: _____

☐ The design work is exempt from the registration and qualification requirements of the Building Code.

Basis for exemption from registration and qualification: _____

I certify that:

1. The information contained in this schedule is true to the best of my knowledge.
2. I have submitted this application with the knowledge and consent of the firm.

_____ _____
Date Signature of Designer

NOTE:

1. For the purposes of this form, "individual" means the "person" referred to in Clause 3.2.4.7(1) d).of Division C, Article 3.2.5.1. of Division C, and all other persons who are exempt from qualification under Subsections 3.2.4. and 3.2.5. of Division C.
2. Schedule 1 is not required to be completed by a holder of a license, temporary license, or a certificate of authorization, issued by the Ontario Association of Architects. Schedule 1 is also not required to be completed by a holder of a license to practise, a limited license to practise, or a certificate of authorization, issued by the Association of Professional Engineers of Ontario.

Schedule 2: Sewage System Installer Information

A. Project Information			
Building number, street name 282-285 Ontario Street		Unit number	Lot/con.
Municipality St. Catharines	Postal code L2R0B4	Plan number/ other description	

B. Sewage system installer

Is the installer of the sewage system engaged in the business of constructing on-site, installing, repairing, servicing, cleaning or emptying sewage systems, in accordance with Building Code Article 3.3.1.1, Division C?

☐ Yes (Continue to Section C) ☐ No (Continue to Section E) ☐ Installer unknown at time of application (Continue to Section E)

C. Registered installer information (where answer to B is "Yes")				
Name			BCIN	
Street address			Unit number	Lot/con.
Municipality	Postal code	Province	E-mail	
Telephone number ( )	Fax ( )		Cell number ( )	

D. Qualified supervisor information (where answer to section B is "Yes")	
Name of qualified supervisor(s)	Building Code Identification Number (BCIN)

E. Declaration of Applicant:

I _____ declare that:
(print name)

☐ I am the applicant for the permit to construct the sewage system. If the installer is unknown at time of application, I shall submit a new Schedule 2 prior to construction when the installer is known;

OR

☐ I am the holder of the permit to construct the sewage system, and am submitting a new Schedule 2, now that the installer is known.

I certify that:

1. The information contained in this schedule is true to the best of my knowledge.
2. If the owner is a corporation or partnership, I have the authority to bind the corporation or partnership.

_____ _____
Date Signature of applicant

"N" Application/Permit Documents 15 102279 IL - 285 Ontario St.

THE CORPORATION OF THE
CITY OF ST. CATHARINES

www.stcatharines.ca

PO Box 3012, 50 Church Street
St. Catharines, ON L2R 7C2
Tel : 905.688.5600 | Fax: 905.688-5873
TTY: 905.688.4TTY (4889)

Building and Development

Building Permit Application – Supplemental Information

(MUST BE SUBMITTED WITH THE 'APPLICATION TO CONSTRUCT OR DEMOLISH')

A. Project Information

Building number, street name	Unit Number	Lot / Con
282-285 Ontario Street		

Municipality	Postal Code	Plan number / other description
St. Catharines	L2R0B4	

B. Master Plumber ☐ Plumbing Contractor ☐

Last name	First name	Corporation or partnership

Street Address	Unit Number

Municipality	Postal Code	Province	email

Telephone Number	Fax Number	Cell Number

C. HVAC Installer

Last name	First name	Corporation or partnership

Street Address	Unit Number

Municipality	Postal Code	Province	email

Telephone Number	Fax Number	Cell Number

D. Tenant Information

Last name	First name	Corporation or partnership

Street Address	Unit Number

Municipality	Postal Code	Province	email

Telephone Number	Fax Number	Cell Number

THE CORPORATION OF THE
CITY OF ST. CATHARINES

www.stcatharines.ca

PO Box 3012, 50 Church Street
St. Catharines, ON L2R 7C2
Tel : 905.688.5600 | Fax: 905.688-5873
TTY: 905.688.4TTY (4889)

PLANNING AND DEVELOPMENT SERVICES
Building and Development
Building Permit Application – Supplemental Information
(MUST BE SUBMITTED WITH THE 'APPLICATION TO CONSTRUCT OR DEMOLISH')

FEE INFORMATION				
CONSTRUCT	Gross Floor Area to be Constructed (SqFt)			
	Building Area to be Constructed (SqFt)			
	Number of Existing Dwelling Units			
	Number of New Dwelling Units			
DEMOLISH	Gross Floor Area to be Demolished (SqFt)			
	Building Area to be Demolished (SqFt)		1,354,000	
	Number of Stories to be Demolished		1-3	
	Number of Dwelling Units to be Demolished		0	
SITE SERVICING (new service)	D&D Review Required ☐ Yes ☐ No			
	Linear feet of D.S.W. 4 " or less	$0.46		
	Linear meters of D.S.W. 100mm or less	$1.51		
	Linear feet of D.S.W. over 4 "	$0.73		
	Linear meters of D.S.W. over 100mm	$2.40		
	# of Manholes, Catchbasins, Firehydrants	$33.00		
PLUMBING	☐ RESIDENTIAL ☐ NON-RESIDENTIAL			
Replacement of :	D&D Review Required ☐ Yes ☐ No			
Sanitary Sewer ☐	Linear feet of D.S.W. 4 " or less	$0.46		
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Building Drain &/or ☐	Linear feet of D.S.W. over 4 "	$0.73		
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	# of Manholes, Catchbasins, Firehydrants	$33.00		
All Other Plumbing	Linear feet of D.S.W. 4" or less	$0.46		
(new, altered or replaced)	Linear meters of D.S.W. 100mm or less	$1.61		
	# of Fixtures	$13.20 / fixture		
Backflow Prevention	# of Testable Devices	$13.20 / device		
FLAP Application		$150 flat rate		
Septic/Tank Changeover		$110 flat rate		
Minimum Permit Fee		$110 flat rate		
HVAC Only		$160 per unit		

15 102269 18
15 102270 18.1-18.11 11 TANKS
15 102272 18.12
15 102273 18.13

GROUP 1

15 102274 3.1
15 102276 3.2
15 102277 5&5.1
15 102278 5.2

GROUP 2

15 102279 15
15 102280 15.1

GROUP 3

15 102268 MAIN BUILDING

GROUP 4

285 ONTARIO

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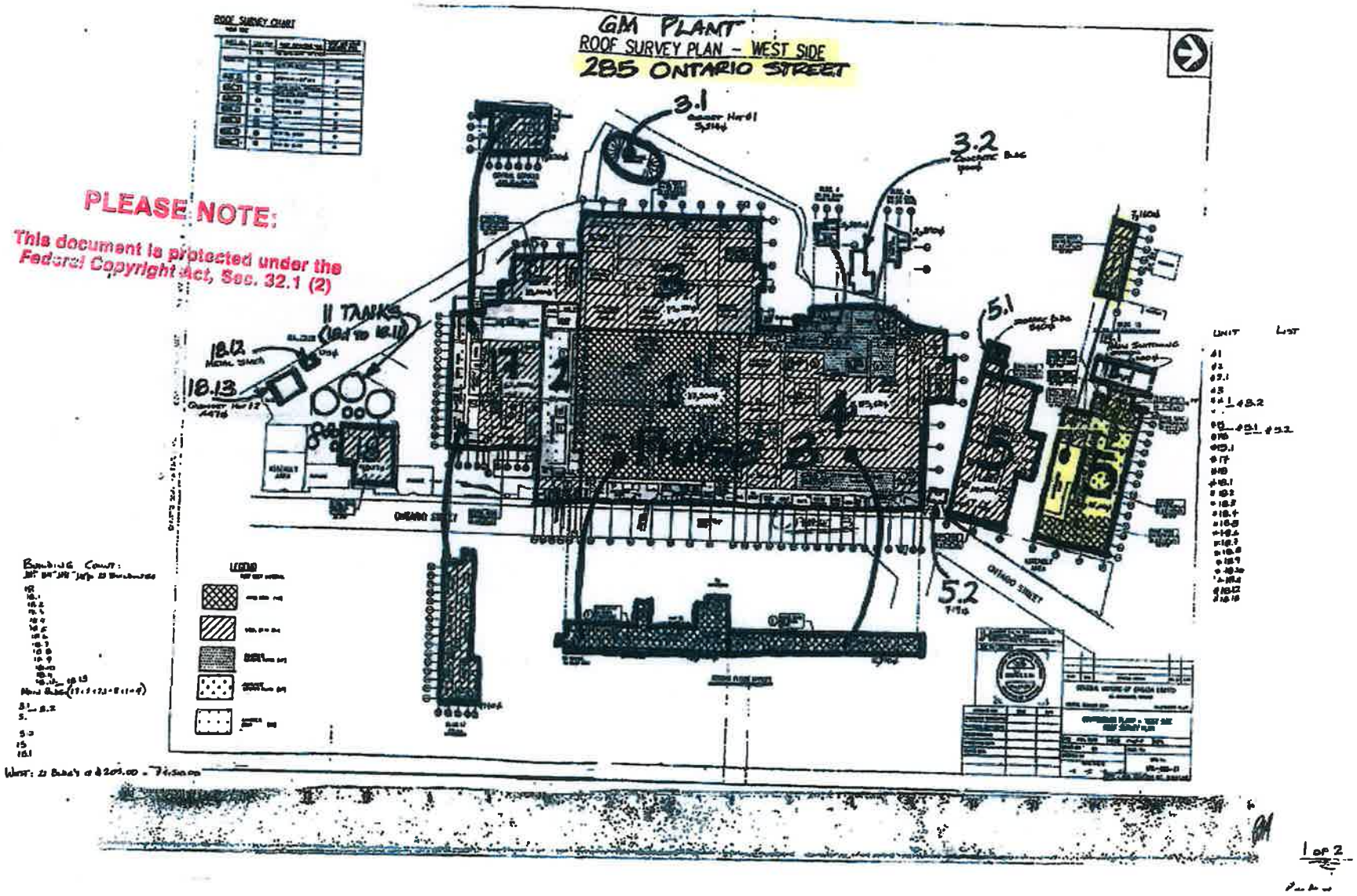

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285 ONTARIO STREET: WEST BLDG

= AREA = 650,619 ft

15 102268 IL - MAIN BUILDING: 550,830 ft (PHASE 3)

#1 - GRD FLR =	117,500
#1 - 2ND FLR MEZZ =	16,710
#2 - GRD FLR. =	45,000
#2.1 - GRD FLR. =	15,000
#3 - GRD FLR. =	75,330
#4 - GRD FLR. =	179,430
#4 - 2ND FLR. MEZZ =	16,715
#4 - 2ND FLR ABOVE TRUCK RAMP =	2,385
#4 - 2ND FLR ELEC. RM =	2,390
#17 - GRD FLR =	62,880
#17 - 2ND FLR =	11,940
#17 - 3RD FLR =	9,550
	550,830

15 102269 IL - BUILDING (#18): 9,507 ft

15 102270 IL - 11 TANKS (18.1 TO 18.11) - NO SQ.FT = 0 SQ.FT

15 102272 IL - METAL SHED (18.12): 125 ft

15 102273 IL - QUANSET HUT (18.13): 447 ft

15 102274 IL - QUANSET HUT (3.1): 5,214 ft

15 102276 IL - CONCRETE BLDG. (3.2): 1,000 ft

15 102277 IL - BUILDING 5 & 5.1: 34,785 ft

#5 =	34,245
#5.1 =	540
	34,785

15 102278 IL - BUILDING 5.2: 719 ft

15 102279 IL - BUILDING 15 & ~~43,772 ft~~

#15 - GRD. FLR =	36,632
#15 - 2ND FLR =	7,160
	43,792

15 102280 IL - MAIN SWITCHING BUILDING (15.1): 4200 ft

21 DEMO PERMITS
↳ 11 DEMO PERMITS (LUMP 11 TANKS INTO 1 DEMO PERMIT)

CITY OF ST CATHARINES
PLANNING AND DEVELOPMENT SERVICES
BUILDING SECTION

DEMOLITION PERMIT APPLICATION – SERVICES DECLARATION

This form **must** be completed with all applications.

Date: February 27, 2015 **Project No:** 15 102279 IL

Address: 282 Ontario St, St Catharines

1.	a) Do you have a **water line?**	☒ Yes	☐ No
	b) If yes, do you wish to:		
	REMOVE the water service at watermain? (work order required – fees to be paid at time of application)	☒ (See Note 7)	
	REUSE the water service at the property line? (no work order required – no fees required)	☐	
2.	Do you have a **water meter** to be removed? (work order required – fees invoiced after work completed)	☒ Yes (See Note 6)	☐ No
3.	a) Do you have a **sanitary sewer line?**	☒ Yes	☐ No
	b) If yes, do you wish to:		
	REMOVE the existing sanitary sewer lateral at the property line? (work order required – fees to be paid at time of application)	☒ (See Note 7)	
	REUSE the existing sanitary sewer lateral at the property line? (no work order required – no fees required)	☐ (See Note 5)	
4.	a) Do you have a **storm sewer line?**	☒ Yes	☐ No
	b) If yes, do you wish to:		
	REMOVE the existing storm sewer lateral at the property line? (work order required – fees to be paid at time of application)	☒ (See Note 7)	
	REUSE the existing storm sewer lateral at the property line? (no work order required – no fees required)	☐	

5. If the applicant wishes to reuse the existing sewer lateral, a TV camera sewer lateral inspection, as per 'Schedule of Rates and Fees', applies. The applicant is responsible to contact the Sewer Foreman at 905-688-5601, Extension 2222 and arrange a time and date to complete the lateral inspection.
Please note – The lateral shall be accessible at time of inspection. **No further building permits can be issued for this property until the inspection is complete.**

6. There will be a charge to turn the water off as per 'Schedule of Rates and Fees'. The fee will be charged by the Water Billing Department upon removal of water meter.

7. The following only applies for the removal of the water service and/or sewer laterals:
   - Fees for the removal of existing services will be as per "Schedule of Rates and Fees". Applicant is advised to review Schedule of Rates and Fees.
   - The water services will be removed at the source watermain in the road and will not be re-useable.
   - The sewer services will be capped at the property line and will not be re-useable.

Date of Demolition: April 27, 2015

Contact Name (Print): William Bartels or Christina Murray

Contact Telephone Number: 905 312 9508 x 304

I HAVE BEEN ADVISED THAT IT IS THE OWNER'S RESPONSIBILITY TO CONTACT FINANCIAL MANAGEMENT SERVICES @ EXT. 1455 TO DETERMINE IF THERE ARE ANY PROPERTY TAX IMPLICATIONS.

Signature of Applicant

Note:
Separate work orders are required for items 1 – 4 above.
For all work orders raised in conjunction with a permit application, a copy of this application must be faxed to LSSC.
- Forward to Sewer Foreman.
- Attach a copy of building receipt.
- Provide copy to applicant

g:\pds-forms\demolition permit application-services declaration-apr2012.docm

Date: Feb 27/15

Planning and Development Services
Building Section

Re: Utility Clearance for Demolition Permit

I, Christina Murray, applicant for a ***Permit to Demolish***

Project File No.: 15 102 279 IL

Address: 282-285 Ontario Street, St. Catharines - GM Plant

have notified the following utilities:

1.	**Horizon Utilities Corp,**	
	Enbridge Gas,	**1-800-400-2255**
	Bell Canada	
2.	**Cogeco Cable**	**1-800-267-9000**

I understand City staff will attend to the property concerning water and sewer services, and notices pursuant to the Ontario Heritage Act and Ministry of Labour

Signature of Applicant

PDS-Forms \ UtilClearance
March 2012

"N" Application/Permit Documents 15 102279 IL - 285 Ontario St 10/11

City of St. Catharines
stcatharines.ca

50 Church Street, P.O. Box 3012
St. Catharines, ON L2R 7C2
Tel: 905-688-5600
TTY: 905-688-4TTY (4889)

DEMOLITION PERMIT CHECKLIST

MARCH 05, 2015 $205.00

AMANDA FOLDER INFORMATION	15 102279 IL
ADDRESS / LOCATION:	285 ONTARIO STREET (WEST BLDG)
GROUP: BSP	
TYPE:	IL
SUB-TYPE:	MANUFACTURING PLANT
WORK PROPOSED:	DEMOLISH
DESCRIPTION:	DEMOLISH BUILDING #15 (+/- 43,792sf) (UNIT #15 GROUND FLOOR & 2ND FLOOR AREAS)
NUMBER OF EXISTING DWELLING UNITS:	0
NUMBER OF DWELLING UNITS TO BE DEMOLISHED / LOST:	0
STATS CANADA BUILDING AREA SQ.FT / M:	0
NEW GROSS FLOOR AREA:	0

WEST BUILDING	PERMIT TIME:		10
	Commercial / Residential: (Y)	N	$205.00
D & D Review Required?	(Y)	N	
Fire Review Required?	(Y)	N	
Plumbing Review Required?	(Y)	N	
Sidewalk Deposit Review Required?	(Y)	N	TBD
HVAC Review Required?	(Y)	N	
Decommission Water Service?	Y	N	$ TBD
Decommission Sanitary Service?	Y	N	$
Decommission Storm Service?	Y	N	$
Inspect Existing Sanitary Service?	Y	N	$

BUILDING CHECK

Inspector: [signature]

APPROVAL	REQ'D	REC'D	APPROVAL	REQ'D	REC'D
Heritage Act	Y (N)		Tenant Protection Act (5 or more units)	Y (N)	
Non-Designated Heritage Property	Y (N)		Utility Form	(Y) N	
Niagara Escarpment Commission	Y (N)		Water / Lateral Services Declaration Form	(Y) N	
Engineer Review	(Y) N	SEE P.ENG REPORT	Zoning – ALL Accessory Structures must be demolished along with main dwelling	(Y) N	

AGENCIES NOTIFIED

Clerk: _____

APPROVAL	REQ'D	REC'D	APPROVAL	REQ'D	REC'D
Ministry of Labour	Y N		City Utilities	Y N	

Remarks:
- ☐ O/A D & D FEES TBD
- ☐ O/A SIDEWALK DAMAGE DEPOSIT TBD
- ☐ FEES IN THE AMOUNT OF $205.00

DATE: APPROVED:

g:\les-forms\demolitionpermitchklst-Jan2010.doc

BUILDING PERMIT PICK-UP AUTHORIZATION

PERMIT NO/PROJECT FILE NO: 15 102279 IL

ADDRESS OF PERMIT/PROJECT: 285 Ontario Street

NAME OF PERSON DESIGNATED TO PICK-UP: Jodi Tamminga
(PLEASE PRINT)

SIGNATURE: Jodi Tamminga

PICK-UP DATE: May 13/15

Date Prepared: MAY 13/15

Initials: TP

G:PDS-Forms\PermitPick-upAuth

"N" Application/Permit Documents

15 102279 IL - 285 Ontario St.

CITY OF ST. CATHARINES

PLANNING AND BUILDING
SERVICES DEPARTMENT

CITY HALL
50 CHURCH STREET
P.O. BOX 3012
ST. CATHARINES, ONTARIO L2R 7C2

TEL. (905)-688-5601, EXT. 1660
FAX. (905)-688-5873

PERMIT

PERMISSION IS HEREBY GRANTED TO OWNER OF LAND TO:

Work Proposed: Demolish	Project #: 15 102279 IL
Manufacturing Plants	Industrial

Demolish Building #15 (Unit 15 ground floor and second floor areas) - West Building-O/A D&D Fees

Property Roll Number:2629040030056000000 Application Date: March 05, 2015

Site Address: 285 Ontario Street Unit 0000 St. Catharines L1H 8P7 Issued: May 12, 2015

Legal Description: See comment tab.

Applicant: Budget Environmental Disposal Inc		
375 Gage Avenue Hamilton ON ON L8L 7B1	Work: (289) 639-9540	Fax: (905) 543-0244
Owner: 2390541 Ontario Inc		
282 Ontario Street St. Catharines ON ON L2R 0B4	Work: (905) 228-1712	Home: (905) -

On the said premise in accordance with plans and/or documents submitted to the Chief Building Official and subjected to the conditions in our letter dated: Mar 26, 2015

Demolition Inspection

IMPORTANT

THE OWNER, CONTRACTOR OR AUTHORIZED AGENT OF THE OWNER SHALL NOTIFY THE BUILDING SECTION AT LEAST 48 HOURS IN ADVANCE OF THE ABOVE NOTED INSPECTIONS. PLEASE QUOTE YOUR PROJECT NUMBER.

CALL 688-5601 Ext 1660 (TTY: 905-688-4889)

THE APPROVED PERMIT DRAWINGS MUST BE KEPT ON THE CONSTRUCTION SITE AND MADE AVAILABLE TO THE INSPECTOR. COVERING WORK PRIOR TO INSPECTION MAY RESULT IN DELAYS AND REMOVAL OF FINISHES

1. All work must be completed in accordance with plans and/or documents submitted to the Chief Building Official and/or authorized changes by the Chief Building Official.
2. This permit will be revoked after six months if the work described has not been seriously commenced or if the work is substantially suspended or discontinued for a period of time.
3. This permit is granted on the express condition that the said work in all respects conforms to the provisions of the Ontario Building Code and any other relevant by-laws of the City of St. Catharines.
4. Permission must be obtained from the City Engineer and/or the Regional Engineer to occupy the road allowance (the street, the boulevard and sidewalk) or effect changes to same.
5. The project is subject to the requirements of the Occupational Health and Safety Act.
6. The owner, contractor, or authorized agent shall be responsible for verifying that the proposed work will not interfere with public services including gas, hydro, sewer, water, telephone and cable television.
7. Any future use of the property after demolition shall be in accordance with the Zoning By-laws and Site Plan Control By-law.

Date Signed: May 12, 2015 Authorized Signature: _____

Chief Building Official

OFFICE COPY

"N"

15 102279 IL - 285 Ontario St.

St. Catharines

Planning and Building Services
PO Box 3012, 50 Church Street
St. Catharines, ON L2R 7C2

Phone: 905-688-5600
Fax: 905-688-5873
TTY: 905-688-4889

INSPECTION REPORT

OWNER: Bayshore Groups	PERMIT NUMBER: 15 102279 IL
CONSTRUCTOR/TENANT:	
DESIGNER:	
LOCATION OF WORK: 285 ONTARIO STREET	

AN INSPECTION OF THE ABOVE PROJECT DISCLOSES THAT THE ITEM(S) NOTED BELOW REQUIRE YOUR REMEDIAL ACTION TO AVOID CONTRAVENTION OF:

- [X] THE BUILDING CODE ACT AND REGULATIONS
- [ ] BY-LAW 2006-26, FENCING OF SWIMMING POOLS
- [ ] THE PLUMBING REGULATIONS OBC PART 7
- [ ] BY-LAW 2008-302, REGULATING SIGNS
- [ ] _____

TYPE OF INSPECTION:

[ ] FOOTINGS	[ ] INSULATION	[ ] HVAC ROUGH-IN	[ ] HVAC FINAL
[ ] FOUNDATION / BACKFILL	[ ] FIRE SEPARATION / EXITS	[ ] PLUMBING ROUGH-IN	[ ] PLUMBING FINAL
[ ] FRAMING	[ ] OCCUPANCY	[ ] SEWER	[ ] INSIDE DRAIN

ITEM	DESCRIPTION
	Demolition
1.	Observed demolition in progress.
	Clean up and removal of all debris required and reports submitted.
	Grade to be level.
2.	All reports from all consultants to be submitted. ie. field reports, environmental reports, final reports.
3.	Final inspection required and must be scheduled.
4.	All outstanding reports required by March 30, 2019.

[ ] CONTINUED ON SCHEDULE "A" ATTACHED HERETO.
THE ABOVE ITEM(S) MUST BE COMPLETED ON OR BEFORE _____ CALL FOR A REINSPECTION
WHEN CORRECTION(S) HAVE BEEN MADE. ACCEPTANCE BY AN INSPECTOR IS REQUIRED

AFFIXED TO BUILDING SITE [ ] RECEIVED BY [X] FAXED [ ] MAILED [ ]

NAME: Quinn Flannigan POSITION: Operations Manager

DATE: March 22, 2019 ISSUED BY: _____ INSPECTOR

(White Copy for Constructor) - (Yellow Copy for Inspector)

inspectionreport-june-12

Application for a Permit to Construct or Demolish

This form is authorized under subsection 8(1.1) of the Building Code Act.

For use by Principal Authority	
Application number:	Permit number (if different): 15 102280 IL
Date received: MARCH 05, 2015	Roll number:

11 of 11

Application submitted to: CITY OF ST CATHARINES
(Name of municipality, upper-tier municipality, board of health or conservation authority)

A. Project information

Building number, street name		Unit number	Lot/con.
285 Ontario Street (MAIN SWITCHING BLDG # 15.1)			
Municipality	**Postal code**	**Plan number/other description**	
St. Catharines	L2R0B4		
Project value est. $		**Area of work (m²)**	
$3,700,000.00 TOTAL		(125,836 TOTAL) +/- 4,200 m²	

B. Purpose of application

☐ New construction ☐ Addition to an existing building ☐ Alteration/repair ☑ Demolition ☐ Conditional Permit

Proposed use of building	Current use of building
Vacant	Industrial Buildings

Description of proposed work

Abatement and Demolition of the existing GM Plant

C. Applicant — Applicant is: ☐ Owner or ☑ Authorized agent of owner

Last name	First name	Corporation or partnership		
Murray	Christina	Budget Environmental Disposal Inc.		
Street address			**Unit number**	**Lot/con.**
375 Gage Ave N				
Municipality	**Postal code**	**Province**	**E-mail**	
Hamilton	L8L7B1	Ontario	ashley@budgetbin.ca	
Telephone number	**Fax**		**Cell number**	
(289) 639-9540	(905)543-0244		(905) 961-0084	

D. Owner (if different from applicant)

Last name	First name	Corporation or partnership		
Megna	Robert	BayShore International (BSI)		
Street address			**Unit number**	**Lot/con.**
282 Ontario Street				
Municipality	**Postal code**	**Province**	**E-mail**	
St. Catharines	L2R0B4	Ontario		
Telephone number	**Fax**		**Cell number**	
(905) 228 1712	( )		( )	

E. Builder (optional)

Last name	First name	Corporation or partnership (if applicable)	
Street address		Unit number	Lot/con.
Municipality	Postal code	Province	E-mail
Telephone number ( )	Fax ( )	Cell number ( )	

F. Tarion Warranty Corporation (Ontario New Home Warranty Program)

i.	Is proposed construction for a new home as defined in the *Ontario New Home Warranties Plan Act*? If no, go to section G.	☐ Yes	☑ No
ii.	Is registration required under the *Ontario New Home Warranties Plan Act*?	☐ Yes	☑ No

iii. If yes to (ii) provide registration number(s): _____

G. Required Schedules

i) Attach Schedule 1 for each individual who reviews and takes responsibility for design activities.

ii) Attach Schedule 2 where application is to construct on-site, install or repair a sewage system.

H. Completeness and compliance with applicable law

i) This application meets all the requirements of clauses 1.3.1.3 (5) (a) to (d) of Division C of the Building Code (the application is made in the correct form and by the owner or authorized agent, all applicable fields have been completed on the application and required schedules, and all required schedules are submitted).	☑ Yes	☐ No
Payment has been made of all fees that are required, under the applicable by-law, resolution or regulation made under clause 7(1)(c) of the *Building Code Act, 1992*, to be paid when the application is made.	☑ Yes	☐ No
ii) This application is accompanied by the plans and specifications prescribed by the applicable by-law, resolution or regulation made under clause 7(1)(b) of the *Building Code Act, 1992*.	☑ Yes	☐ No
iii) This application is accompanied by the information and documents prescribed by the applicable by-law, resolution or regulation made under clause 7(1)(b) of the *Building Code Act, 1992* which enable the chief building official to determine whether the proposed building, construction or demolition will contravene any applicable law.	☑ Yes	☐ No
iv) The proposed building, construction or demolition will not contravene any applicable law.	☑ Yes	☐ No

I. Declaration of applicant

I Chris tina Murray declare that:
(print name)

1. The information contained in this application, attached schedules, attached plans and specifications, and other attached documentation is true to the best of my knowledge.
2. If the owner is a corporation or partnership, I have the authority to bind the corporation or partnership.

Feb 27/15 _____
Date Signature of applicant

Personal information contained in this form and schedules is collected under the authority of subsection 8(1.1) of the *Building Code Act, 1992*, and will be used in the administration and enforcement of the *Building Code Act, 1992*. Questions about the collection of personal information may be addressed to: a) the Chief Building Official of the municipality or upper-tier municipality to which this application is being made, or, b) the inspector having the powers and duties of a chief building official in relation to sewage systems or plumbing for an upper-tier municipality, board of health or conservation authority to whom this application is made, or, c) Director, Building and Development Branch, Ministry of Municipal Affairs and Housing 777 Bay St., 2nd Floor, Toronto, M5G 2E5 (416) 585-6666.

Schedule 1: Designer Information

Use one form for each individual who reviews and takes responsibility for design activities with respect to the project.

A. Project Information

Building number, street name			Unit no.	Lot/con.
282-285 Ontario Street				
Municipality	Postal code	Plan number/ other description		
St. Catharines	L2R0B4			

B. Individual who reviews and takes responsibility for design activities

Name		Firm		
Street address			Unit no.	Lot/con.
Municipality	Postal code	Province	E-mail	
Telephone number ( )	Fax number ( )		Cell number ( )	

C. Design activities undertaken by individual identified in Section B. [Building Code Table 3.5.2.1. of Division C]

☐ House	☐ HVAC – House	☐ Building Structural
☐ Small Buildings	☐ Building Services	☐ Plumbing – House
☐ Large Buildings	☐ Detection, Lighting and Power	☐ Plumbing – All Buildings
☐ Complex Buildings	☐ Fire Protection	☐ On-site Sewage Systems

Description of designer's work

D. Declaration of Designer

I _____ declare that (choose one as appropriate):
(print name)

☐ I review and take responsibility for the design work on behalf of a firm registered under subsection 3.2.4.of Division C, of the Building Code. I am qualified, and the firm is registered, in the appropriate classes/categories.

Individual BCIN: _____

Firm BCIN: _____

☐ I review and take responsibility for the design and am qualified in the appropriate category as an "other designer" under subsection 3.2.5.of Division C, of the Building Code.

Individual BCIN: _____

Basis for exemption from registration: _____

☐ The design work is exempt from the registration and qualification requirements of the Building Code.

Basis for exemption from registration and qualification: _____

I certify that:

1. The information contained in this schedule is true to the best of my knowledge.
2. I have submitted this application with the knowledge and consent of the firm.

_____ _____
Date Signature of Designer

NOTE:

1. For the purposes of this form, "individual" means the "person" referred to in Clause 3.2.4.7(1) d).of Division C, Article 3.2.5.1. of Division C, and all other persons who are exempt from qualification under Subsections 3.2.4. and 3.2.5. of Division C.
2. Schedule 1 is not required to be completed by a holder of a license, temporary license, or a certificate of authorization, issued by the Ontario Association of Architects. Schedule 1 is also not required to be completed by a holder of a license to practise, a limited license to practise, or a certificate of authorization, issued by the Association of Professional Engineers of Ontario.

Schedule 2: Sewage System Installer Information

A. Project Information			
Building number, street name 282-285 Ontario Street		Unit number	Lot/con.
Municipality St. Catharines	Postal code L2R0B4	Plan number/ other description	

B. Sewage system installer

Is the installer of the sewage system engaged in the business of constructing on-site, installing, repairing, servicing, cleaning or emptying sewage systems, in accordance with Building Code Article 3.3.1.1, Division C?

☐ Yes (Continue to Section C) ☐ No (Continue to Section E) ☐ Installer unknown at time of application (Continue to Section E)

C. Registered installer information (where answer to B is "Yes")			
Name			BCIN
Street address			Unit number / Lot/con.
Municipality	Postal code	Province	E-mail
Telephone number ( )	Fax ( )		Cell number ( )

D. Qualified supervisor information (where answer to section B is "Yes")	
Name of qualified supervisor(s)	Building Code Identification Number (BCIN)

E. Declaration of Applicant

I _____ declare that:
(print name)

☐ I am the applicant for the permit to construct the sewage system. If the installer is unknown at time of application, I shall submit a new Schedule 2 prior to construction when the installer is known;

OR

☐ I am the holder of the permit to construct the sewage system, and am submitting a new Schedule 2, now that the installer is known.

I certify that:

1. The information contained in this schedule is true to the best of my knowledge.
2. If the owner is a corporation or partnership, I have the authority to bind the corporation or partnership.

_____ _____
Date Signature of applicant

THE CORPORATION OF THE
CITY OF ST. CATHARINES

www.stcatharines.ca

PO Box 3012, 50 Church Street
St. Catharines, ON L2R 7C2
Tel : 905.688.5600 | Fax: 905.688-5873
TTY: 905.688.4TTY (4889)

Building and Development

Building Permit Application – Supplemental Information

(MUST BE SUBMITTED WITH THE 'APPLICATION TO CONSTRUCT OR DEMOLISH')

A. Project Information

Building number, street name		Unit Number	Lot / Con
282-285 Ontario Street			
Municipality	**Postal Code**	**Plan number / other description**	
St. Catharines	L2R0B4		

B. Master Plumber ☐ Plumbing Contractor ☐

Last name	First name	Corporation or partnership	
Street Address		**Unit Number**	
Municipality	**Postal Code**	**Province**	**email**
Telephone Number	**Fax Number**	**Cell Number**	

C. HVAC Installer

Last name	First name	Corporation or partnership	
Street Address		**Unit Number**	
Municipality	**Postal Code**	**Province**	**email**
Telephone Number	**Fax Number**	**Cell Number**	

D. Permit Information

Last name	First name	Corporation or partnership	
Street Address		**Unit Number**	
Municipality	**Postal Code**	**Province**	**email**
Telephone Number	**Fax Number**	**Cell Number**	

THE CORPORATION OF THE
CITY OF ST. CATHARINES

www.stcatharines.ca

PO Box 3012, 50 Church Street
St. Catharines, ON L2R 7C2
Tel : 905.688.5600 | Fax: 905.688-5873
TTY: 905.688.4TTY (4889)

PLANNING AND DEVELOPMENT SERVICES
Building and Development
Building Permit Application – Supplemental Information
(MUST BE SUBMITTED WITH THE 'APPLICATION TO CONSTRUCT OR DEMOLISH')

FEE INFORMATION		UNIT COST	QUANTITY	COST OF WORK
BUILDING INFORMATION				
CONSTRUCT	Gross Floor Area to be Constructed (SqFt)			
	Building Area to be Constructed (SqFt)			
	Number of Existing Dwelling Units			
	Number of New Dwelling Units			
BUILDING INFORMATION				
DEMOLISH	Gross Floor Area to be Demolished (SqFt)			
	Building Area to be Demolished (SqFt)		1,354,000	
	Number of Stories to be Demolished		1-3	
	Number of Dwelling Units to be Demolished		0	
BUILDING ONLY				
SITE SERVICING (new service)	D&D Review Required ☐ Yes ☐ No			
	Linear feet of D.S.W. 4 " or less	$0.46		
	Linear meters of D.S.W. 100mm or less	$1.51		
	Linear feet of D.S.W. over 4 "	$0.73		
	Linear meters of D.S.W. over 100mm	$2.40		
	# of Manholes, Catchbasins, Firehydrants	$33.00		
PLUMBING	☐ RESIDENTIAL ☐ NON-RESIDENTIAL			
Replacement of :	D&D Review Required ☐ Yes ☐ No			
Sanitary Sewer ☐	Linear feet of D.S.W. 4 " or less	$0.46		
Storm Sewer ☐	Linear meters of D.S.W. 100mm or less	$1.51		
Building Drain &/or ☐	Linear feet of D.S.W. over 4 "	$0.73		
Water Service ☐	Linear meters of D.S.W. over 100mm	$2.40		
	# of Manholes, Catchbasins, Firehydrants	$33.00		
All Other Plumbing	Linear feet of D.S.W. 4" or less	$0.46		
(new, altered or replaced)	Linear meters of D.S.W. 100mm or less	$1.61		
	# of Fixtures	$13.20 / fixture		
Backflow Prevention	# of Testable Devices	$13.20 / device		
FLAP Application		$150 flat rate		
Septic Tank Changeover		$110 flat rate		
Minimum Permit Fee		$110 flat rate		
HVAC Only		$190 per unit		

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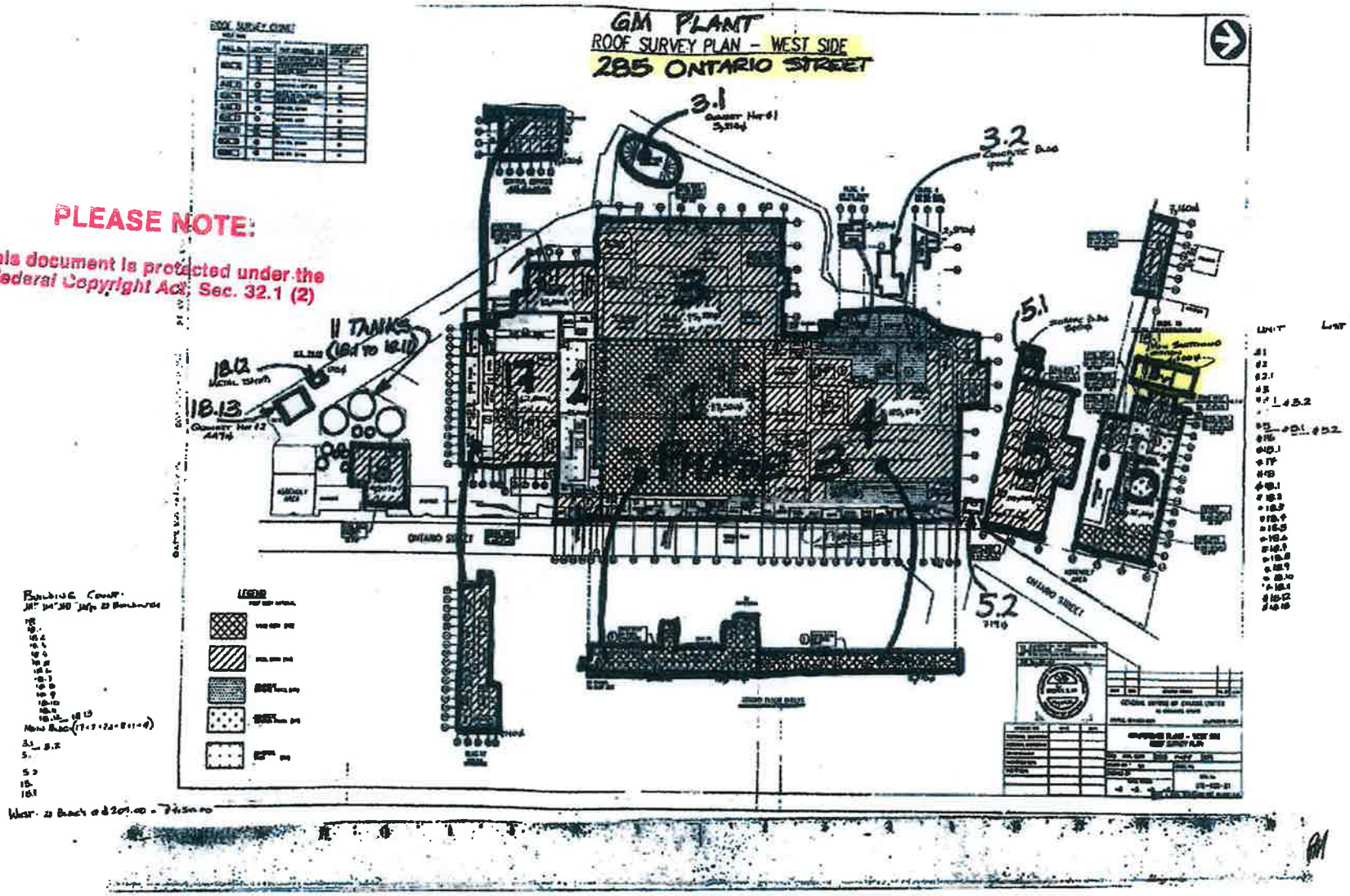

1 OF 2

"O" Application/Permit Documents 15 102250 IL - 285 Ontario St.

285 ONTARIO STREET: WEST BLDG
= AREA = 650,619 ⌀

15 102268 IL: MAIN BUILDING: 550,830 ⌀
(PHASE 3)

#1 - GRD FLR =	117,500
#1 - 2ND FLR MEZZ =	16,710
#2 - GRD FLR =	45,000
#2.1 - GRD FLR =	15,000
#3 - GRD FLR =	75,330
#4 - GRD FLR =	179,430
#4 - 2ND FLR MEZZ =	16,715
#4 - 2ND FLR ABOVE TRUCK REPAIR =	2,385
#4 - 2ND FLR ELEC. RM =	2,390
#17 - GRD FLR =	62,880
#17 - 2ND FLR =	11,940
#17 - 3RD FLR =	9,550
	550,830

15 102269 IL · BUILDING (#18): 9,507 ⌀

15 102270 IL 11 TANKS (18.1 TO 18.11) - NO SQ.FT = 0 SQ.FT

15 102272 IL · METAL SHED (18.12): 125 ⌀

15 102273 IL · QUANSET HUT (18.13): 447 ⌀

15 102274 IL · QUANSET HUT (3.1): 5,214 ⌀

15 102276 IL · CONCRETE BLDG (3.2): 1,000 ⌀

15 102277 IL. BUILDING 3 + 5.1: 34,785 ⌀

#5 =	34,245
#5.1 =	540
	34,785

15 102278 IL · BUILDING 5.2: 719 ⌀

15 102279 IL · BUILDING 15: 43,792 ⌀

#15 - GRD. FLR =	36,632
#15 - 2ND FLR =	7,160
	43,792

15 102280 IL · MAIN SWITCHING BUILDING (15.1): = 4200 ⌀

21 DEMO PERMITS
↳ 11 DEMO PERMITS (LUMP 11 TANKS INTO 1 DEMO PERMIT)

CITY OF ST CATHARINES
PLANNING AND DEVELOPMENT SERVICES
BUILDING SECTION

DEMOLITION PERMIT APPLICATION – SERVICES DECLARATION

This form **must** be completed with all applications.

Date: February 27, 2015 **Project No:** 15 102280 IL

Address: 282 Ontario St, St Catharines

1.	a) Do you have a **water line?**	☒ Yes	☐ No
	b) If yes, do you wish to:		
	REMOVE the water service at watermain? (work order required – fees to be paid at time of application)	☒ (See Note 7)	
	REUSE the water service at the property line? (no work order required – no fees required)	☐	
2.	Do you have a **water meter** to be removed? (work order required – fees invoiced after work completed)	☒ Yes (See Note 6)	☐ No
3.	a) Do you have a **sanitary sewer line?**	☒ Yes	☐ No
	b) If yes, do you wish to:		
	REMOVE the existing sanitary sewer lateral at the property line? (work order required – fees to be paid at time of application)	☒ (See Note 7)	
	REUSE the existing sanitary sewer lateral at the property line? (no work order required – no fees required)	☐ (See Note 5)	
4.	a) Do you have a **storm sewer line?**	☒ Yes	☐ No
	b) If yes, do you wish to:		
	REMOVE the existing storm sewer lateral at the property line? (work order required – fees to be paid at time of application)	☒ (See Note 7)	
	REUSE the existing storm sewer lateral at the property line? (no work order required – no fees required)	☐	

5. If the applicant wishes to reuse the existing sewer lateral, a TV camera sewer lateral inspection, as per 'Schedule of Rates and Fees', applies. The applicant is responsible to contact the Sewer Foreman at 905-688-5601, Extension 2222 and arrange a time and date to complete the lateral inspection.
Please note – The lateral shall be accessible at time of inspection. **No further building permits can be issued for this property until the inspection is complete.**

6. There will be a charge to turn the water off as per 'Schedule of Rates and Fees'. The fee will be charged by the Water Billing Department upon removal of water meter.

7. The following only applies for the removal of the water service and/or sewer laterals:
   - Fees for the removal of existing services will be as per "Schedule of Rates and Fees". Applicant is advised to review Schedule of Rates and Fees.
   - The water services will be removed at the source watermain in the road and will not be re-useable.
   - The sewer services will be capped at the property line and will not be re-useable.

Date of Demolition: April 27, 2015

Contact Name (Print): William Bartels or Christina Murray

Contact Telephone Number: 905 312 9506 x 304

I HAVE BEEN ADVISED THAT IT IS THE OWNER'S RESPONSIBILITY TO CONTACT FINANCIAL MANAGEMENT SERVICES @ EXT. 1456 TO DETERMINE IF THERE ARE ANY PROPERTY TAX IMPLICATIONS.

Signature of Applicant

Note:
Separate work orders are required for items 1 – 4 above.
For all work orders raised in conjunction with a permit application, a copy of this application must be faxed to LSSC.
- Forward to Sewer Foreman.
- Attach a copy of building receipt.
- Provide copy to applicant

g:\bds-forms\demolition permit application-services declaration-apr2012.docm

Date: Feb 27/15

Planning and Development Services
Building Section

Re: Utility Clearance for Demolition Permit

I, Christina Murray, applicant for a ***Permit to Demolish***

Project File No.: 15 102280 IL

Address: 282-285 Ontario Street, St. Catharines - GM Plant

have notified the following utilities:

1. **Horizon Utilities Corp,**
   Enbridge Gas, **1-800-400-2255**
   Bell Canada
2. **Cogeco Cable** **1-800-267-9000**

I understand City staff will attend to the property concerning water and sewer services, and notices pursuant to the Ontario Heritage Act and Ministry of Labour

Signature of Applicant

PDS\Forms \ UtilClearance
March 2012

"O" Application/Permit Documents 15 102280 IL - 285 Ontario St

City of St. Catharines
stcatharines.ca

DEMOLITION PERMIT CHECKLIST $205.00

MARCH 05, 2015

AMANDA FOLDER INFORMATION	15 102280 IL
ADDRESS / LOCATION:	285 ONTARIO STREET (WEST BLDG)
GROUP: **BSP**	
TYPE:	IL
SUB-TYPE:	MANUFACTURING PLANT
WORK PROPOSED:	DEMOLISH
DESCRIPTION:	DEMOLISH MAIN SWITCHING BUILDING (BLDG#15.1) (+/- 4200 ft)
NUMBER OF EXISTING DWELLING UNITS:	Ø
NUMBER OF DWELLING UNITS TO BE DEMOLISHED / LOST:	Ø
STATS CANADA BUILDING AREA SQ.FT / M:	0
NEW GROSS FLOOR AREA:	0

WEST BUILDING	PERMIT TIME:		10
	(Commercial) Residential:	(Y) N	$205.00
D & D Review Required?	(Y) N		
Fire Review Required?	(Y) N		
Plumbing Review Required?	(Y) N		
Sidewalk Deposit Review Required?	(Y) N		TBD
HVAC Review Required?	(Y) N		
Decommission Water Service?	Y N	$	TBD
Decommission Sanitary Service?	Y N	$	
Decommission Storm Service?	Y N	$	
Inspect Existing Sanitary Service?	Y N	$	

BUILDING CHECK

Inspector: [signature]

APPROVAL	REQ'D	REC'D	APPROVAL	REQ'D	REC'D
Heritage Act	Y (N)		Tenant Protection Act (5 or more units)	Y (N)	
Non-Designated Heritage Property	Y (N)		Utility Form	(Y) N	
Niagara Escarpment Commission	Y (N)		Water / Lateral Services Declaration Form	(Y) N	
Engineer Review	(Y) N	SEE P.ENG REPORT	Zoning – ALL Accessory Structures must be demolished along with main dwelling	(Y) N	

AGENCIES NOTIFIED

Clerk: _____

APPROVAL	REQ'D	REC'D	APPROVAL	REQ'D	REC'D
Ministry of Labour	Y N		City Utilities	Y N	

Remarks:
- ☐ O/A D & D FEE TBD
- ☐ O/A SIDEWALK DAMAGE DEPOSIT TBD
- ☐ FEES IN THE AMOUNT OF $205.00

DATE: APPROVED:

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"O" Application/Permit Documents

15 102280 IL - 285 Ontario St.

CITY OF ST. CATHARINES

PLANNING AND BUILDING
SERVICES DEPARTMENT

CITY HALL
50 CHURCH STREET
P.O. BOX 3012
ST. CATHARINES, ONTARIO L2R 7C2

TEL. (905)-688-5601. EXT. 1660
FAX. (905)-688-5873

PERMIT

PERMISSION IS HEREBY GRANTED TO OWNER OF LAND TO:

Work Proposed: Demolish Manufacturing Plants — Project #: 15 102280 IL — Industrial

Demolish Main Switching Building (Building #15.1) - West Building-O/A D&D Fees TBD-O/A Sidew

Property Roll Number:2629040030056000000 — Application Date: March 05, 2015

Site Address: 285 Ontario Street Unit 0000 St. Catharines L1H 8P7 — Issued: May 12, 2015

Legal Description: See comment tab.

Applicant: Budget Environmental Disposal Inc
375 Gage Avenue Hamilton ON ON L8L 7B1 — Work: (289) 639-9540 — Fax: (905) 543-0244

Owner: 2390541 Ontario Inc
282 Ontario Street St. Catharines ON ON L2R 0B4 — Work: (905) 228-1712 — Home: (905) -

On the said premise in accordance with plans and/or documents submitted to the Chief Building Official and subjected to the conditions in our letter dated: Mar 26, 2015

Demolition Inspection

IMPORTANT

THE OWNER, CONTRACTOR OR AUTHORIZED AGENT OF THE OWNER SHALL NOTIFY THE BUILDING SECTION AT LEAST 48 HOURS IN ADVANCE OF THE ABOVE NOTED INSPECTIONS. PLEASE QUOTE YOUR PROJECT NUMBER.

CALL 688-5601 Ext 1660 (TTY: 905-688-4889)

THE APPROVED PERMIT DRAWINGS MUST BE KEPT ON THE CONSTRUCTION SITE AND MADE AVAILABLE TO THE INSPECTOR. COVERING WORK PRIOR TO INSPECTION MAY RESULT IN DELAYS AND REMOVAL OF FINISHES

1. All work must be completed in accordance with plans and/or documents submitted to the Chief Building Official and/or authorized changes by the Chief Building Official.
2. This permit will be revoked after six months if the work described has not been seriously commenced or if the work is substantially suspended or discontinued for a period of time.
3. This permit is granted on the express condition that the said work in all respects conforms to the provisions of the Ontario Building Code and any other relevant by-laws of the City of St. Catharines.
4. Permission must be obtained from the City Engineer and/or the Regional Engineer to occupy the road allowance (the street, the boulevard and sidewalk) or effect changes to same.
5. The project is subject to the requirements of the Occupational Health and Safety Act.
6. The owner, contractor, or authorized agent shall be responsible for verifying that the proposed work will not interfere with public services including gas, hydro, sewer, water, telephone and cable television.
7. Any future use of the property after demolition shall be in accordance with the Zoning By-laws and Site Plan Control By-law.

Date Signed: May 12, 2015 — Authorized Signature: _____ Chief Building Official

OFFICE COPY

"O" 15 102280 IL - 285 Ontario St.

St. Catharines

Planning and Building Services
PO Box 3012, 50 Church Street
St. Catharines, ON L2R 7C2

Phone: 905-688-5600
Fax: 905-688-5873
TTY: 905-688-4889

INSPECTION REPORT

OWNER: Bayshore Groups	PERMIT NUMBER 15/102280/IL.
CONSTRUCTOR/TENANT:	
DESIGNER:	
LOCATION OF WORK: 285 ONTARIO STREET.	

AN INSPECTION OF THE ABOVE PROJECT DISCLOSES THAT THE ITEM(S) NOTED BELOW REQUIRE YOUR REMEDIAL ACTION TO AVOID CONTRAVENTION OF.

- ☒ THE BUILDING CODE ACT AND REGULATIONS
- ☐ BY-LAW 2006-26, FENCING OF SWIMMING POOLS
- ☐ THE PLUMBING REGULATIONS OBC PART 7
- ☐ BY-LAW 2008-302, REGULATING SIGNS
- ☐ _____

TYPE OF INSPECTION:

☐ FOOTINGS	☐ INSULATION	☐ HVAC ROUGH-IN	☐ HVAC FINAL
☐ FOUNDATION / BACKFILL	☐ FIRE SEPARATION / EXITS	☐ PLUMBING ROUGH-IN	☐ PLUMBING FINAL
☐ FRAMING	☐ OCCUPANCY	☐ SEWER	☐ INSIDE DRAIN

ITEM	DESCRIPTION
	Demolition
1.	Observed demolition in progress.
	Clean up and removal of all debris required and reports submitted.
	Grade to be level.
2.	All reports from all consultants to be submitted. ie. field reports, environmental reports, final reports.
3.	Final inspection required and must be scheduled.
4.	All outstanding reports required by March 30, 2019.

☐ CONTINUED ON SCHEDULE "A" ATTACHED HERETO.
THE ABOVE ITEM(S) MUST BE COMPLETED ON OR BEFORE _____ CALL FOR A REINSPECTION
WHEN CORRECTION(S) HAVE BEEN MADE, ACCEPTANCE BY AN INSPECTOR IS REQUIRED

AFFIXED TO BUILDING SITE ☐ RECEIVED BY ☒ FAXED ☐ MAILED ☐

NAME: Quinn Flannigan POSITION: Operations Manager

DATE: March 22, 2019 ISSUED BY: _____ INSPECTOR

(White Copy for Constructor) - (Yellow Copy for Inspector)

inspectionreport-june-12