



Technical Standards and Safety Authority
 www.tssa.org
 14th Floor - Centre Tower
 3300 Bloor Street West
 Toronto Ontario M8X 2X4
 Fax: 416.231.4078
 Customer Service: 1.877.682.8772

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

- This Level 1 RSMP applies to:
- a facility with a total propane storage capacity of 5,000 USWG or less; or
 - a facility with a fixed propane storage capacity of exactly 5,000 USWG and no more than 500 USWG of portable propane storage capacity on site.

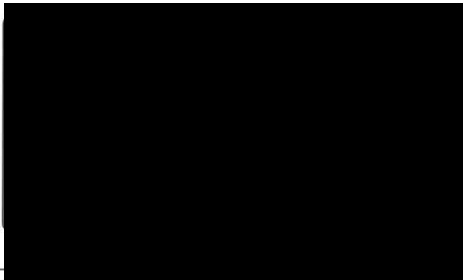
Failure to fully complete this form may result in rejection.
 Making a false statement may result in a fine or prosecution under the *Technical Standards and Safety Act*

Licence Number [REDACTED]

Check applicable type of propane operations.

Cylinder Motor Fill Filling Plant Card/Keylock

Submit along with this completed application a Facility Site Plan and a Map of the Surrounding Area.



SECTION A: GENERAL INFORMATION

The Undersigned applies to TSSA for a review for an RSMP under Ontario's *Technical Standards and Safety Act*, Propane Storage and Handling Regulation.

A Company Name: 1930371 Ontario Inc Corporation No.: 1930371

Operator Name (if different from above): Port Dover Pioneer

Telephone No.: 519-583-3364 Fax No.: E-mail: jawidfakiri@yahoo.ca

B Street No.: 10 Street Name / 911 Number / Address, if applicable: Main Street

Town / City or Township / County: Port Dover Province: Ontario Postal Code: NOA 1N0

Mailing address if different from above.

C Street No.: same Street Name / 911 Number / Address, if applicable:

Town / City or Township / County: Province: Postal Code:

Information on Container Refill Centre or Filling Plant

D Location of facility.

Street No.: 10 Street Name / 911 Number / Address, if applicable: Main Street Nearest Major Intersection: Main Street and Walker Street

Town / City or Township / County: Port Dover (Norfolk County) Province: Ontario Postal Code: NOA 1N0

Name of Licence Holder: 1930371 Ontario Limited

Name of a Senior Management person as defined in the regulation holding the Record of Training (ROT): Jawid Fakiri ROT type: PTI 100-11

Municipality (or municipalities if the facility or its hazard distance touches multiple borders): Port Dover (Norfolk County)

Hours of operation: [REDACTED]

This document is valid until the next licence renewal date. You are required by law to notify TSSA of any change of information.

Declaration: I am aware that it is an offence to give false information in this document and I hereby declare that the information I have given here is true and complete.

Print name	Signature	Date (dd-mmm-yyyy)
Name of Licence Holder: 1930371 Ontario Inc.		17/06/2015
Name of Senior Management person as defined in the Regulation holding the Record of Training: Jawid Fakiri		



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SECTION A: GENERAL INFORMATION (cont'd)

Indicate the year the facility was established. 1994 Indicate the year of any significant modifications, as defined in s.1, O.Reg 211/01, since establishment. n/a

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

	PSIG	Serial Number
Tank1:	<u>250</u>	<u>832-06</u>
Tank2:	_____	_____
Tank3:	_____	_____

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

Fixed: 1x2000uswg Portable: 139.2uswg Mobile: n/a

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Name of person completing this form (please print) <u>Jawid Fakiri</u>		Official Title <u>owner</u>
Signature 	Telephone No. <u>416-508-4017</u>	Date (dd-mmm-yyyy) <u>17/06/20</u>



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SECTION A: GENERAL INFORMATION (cont'd)

Activity Information

Name of Propane Supplier(s) Dowler-Karn Limited		For Office Use - Party No.	
Street No. 43841	Street Name / 911 Number / Address, if applicable Talbot line		
Town / City or Township / Country St Thomas		Province Ontario	Postal Code N5P 3S7
Telephone No. 519-631-3810	Fax No. 519-631-4755	Contact Name Ralph Harvey / Dave Karn	
E-mail info@dowlerkarn.com			

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

Off-site Cylinder and/or Mobile Storage n/a	Capacity stored off-site, in USWG	For Office Use - Party No.	
Street No.	Street Name / 911 Number / Address, if applicable		
Town / City or Township / Country		Province	Postal Code
Telephone No.	Fax No.	Contact Name	

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

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Name of person completing this form (please print) Jawid Fakiri	Official Title Owner/ Operator
Signature 	Telephone No. 416-508-4017
	Date (dd-mmm-yyyy) 17/06/201



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SECTION B: EMERGENCY AND PREPAREDNESS RESPONSE PLAN

The licence holder will complete Section B in consultation with the local Fire Services.

Description of the maximum volume, types and storage location of other hazardous materials on site, if any.

3 underground fibreglass storage tanks...22,730L - premium fuel and 50kL and 22730L - regular unleaded.

Refer to site map for locations.

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

Fire extinguishers at dispenser, pumps and in building.

Emergency propane shutoff near dispenser

Video surveillance of property

Fuel system shutoff in main building near service counter.

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

Emergency propane shutoff switch installed per B-149 (ont gas code - allows for hydro shutoff at dispenser, closing valve and stopping flow of propane from tank.

Fusible link on tank as described in b-149 of ont gas code - heat sensitive closure valve is activated with the main valve spring closing because the link breaks under heat, restricting the flow of gas/ liquids.

Maintenance and testing schedule for fire protection controls and devices.

annual inspection of tank and emergency shut off system as per requirements of code. Copy left onsite.

Annual inspection of fire extinguishers by external company

Daily visual inspection by operator of dispenser.

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Signature 	Telephone No. 416-508-4017	Date (dd-mmm-yyyy) 17/06/2015



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

1. Contacts for Emergency Response

1. Facility Contact Personnel - Key Contact

Name Jawid Fakiri	For Office Use - Party No.
Official Title Owner	
Telephone No. 519-583-3364	Fax No.
E-mail jawidfakiri@yahoo.ca	
Role and responsibilities in emergency to execute emergency response plan and to implement its components (alert emergency services, evacuate staff and customers)	

5. Facility 24-Hour Contact Person

Name Jawid Fakiri	For Office Use - Party No.
Official Title Owner	
Cell No. 905-512-4612	Fax No.
E-mail jawidfakiri@yahoo.ca	
Role and responsibilities in emergency to execute emergency response plan and to implement its components (alert emergency services, evacuate staff and customers)	

2. Facility Contact Personnel - Alternate Contact

Name Ali Choueib	For Office Use - Party No.
Official Title Operator	
Telephone No. 519-583-3364	Fax No.
E-mail alichoueib@yahoo.ca	
Role and responsibilities in emergency to execute emergency response plan and to implement its components (alert emergency services, evacuate staff and customers)	

6. Name of Facility Manager

Name Ali Choueib	For Office Use - Party No.
Official Title Operator	
Telephone No. 519-583-3364	Fax No.
E-mail alichoueib@yahoo.ca	
Role and responsibilities in emergency to execute emergency response plan and to implement its components (alert emergency services, evacuate staff and customers)	

3. Local Fire Services - Key Contact

Name Terry Dicks	For Office Use - Party No.
Official Title Fire Chief	E-mail terry.dicks@norfolkcounty.ca
Telephone No. 519-426-4115	Fax No.
Role and responsibilities in emergency Lead and coordinate emergency services resources and response in the event of an emergency.	
Fire Services Address 95 Culver Street Simcoe, ON N3Y 2V5	

7. Propane Supplier Key Contact Person

Name Ralph Harvey	For Office Use - Party No.
Official Title Propane Manager	E-mail ralphharvey@dowlerkarn.com
Telephone No. 519-631-3810	Fax No. 519-631-4755
Role and responsibilities in emergency Address any concerns, alert support personnel as required, implement supplier ERP. Participate in service requirements that may be necessary for restart.	
Propane Supplier Address 43841 Talbot line St Thomas, ON N5P3S7	

4. Local Fire Services - Alternate Contact

Name Jason Whiteley	For Office Use - Party No.
Official Title Deputy Fire Chief	E-mail jasonwhiteley@norfolkcounty.ca
Telephone No. 519-426-4115	Fax No. 519-426-4140
Role and responsibilities in emergency Lead and coordinate emergency services resources and response in the event of an emergency.	
Fire Services Address 95 Culver Street Simcoe, ON N3Y 2V5	

8. Municipal Contact

Name Andy Grozelle	For Office Use - Party No.
Official Title Clerk	
Telephone No. 519-426-5870 , ext 1228	Fax No. 519-426-7633
E-mail andy.grozelle@norfolkcounty.ca	
Municipality Name and Address Norfolk County, 50 Colborne St. South Simcoe, ON N3Y 4H3	

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Name of person completing this form (please print) Jawid Fakiri	Official Title owner
Signature 	Telephone No. 416-508-4017
	Date (dd-mmm-yyyy) 11/06/2015



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

2. Additional Safety Measures

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

Facility is built and maintained to code, meeting all applicable regulations.

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

3. Record of Emergency Training Provided - For most recent 12-month period.

Training on Emergency Response Plan and Procedures provided to facility key contacts.

Training Date (dd-mmm-yyyy) June 2015	Print Name of Training Provider: Inhouse training
	Print Name of Instructor: Jawid Fakiri
Training Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Training Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

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

Training Date (dd-mmm-yyyy) June 2015	Print Name of Training Provider: Inhouse training
	Print Name of Instructor: Jawid Fakiri
Training Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Training Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

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

Training Date (dd-mmm-yyyy) As required based on expiry date	Print Name of Training Provider: Dowler-Karn Limited (CPA certified trainer)
	Print Name of Instructor: Ralph Harvey
Training Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Training Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

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

4. Emergency Training Plan for Coming Year

Training on Emergency Response Plan and Procedures provided to facility key contacts.

Target Date (dd-mmm-yyyy) July 2016	Print Name of Training Provider: Inhouse
	Print Name of Instructor: Jawid Fakiri
Target Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Target Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

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

Target Date (dd-mmm-yyyy) July 2016	Print Name of Training Provider: Inhouse
	Print Name of Instructor: Jawid Fakiri
Target Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Target Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

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

Target Date (dd-mmm-yyyy) As required based on expiry date	Print Name of Training Provider: Dowler-Karn Limited (CPA certified trainer)
	Print Name of Instructor: Ralph Harvey
Target Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Target Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

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

The licence holder will complete Section B in consultation with the local Fire Services.

5. Emergency Response Communications Plan

Warnings and Actions

Describe who gives warnings to whom, and how and when the warning will be given (including public notification as appropriate).
Emergency response coordinator is point person for executing ERP. In the event of a confirmed emergency, verbal warnings and evacuation orders will occur onsite for all customers, staff, and others to assemble in the designated evac site per the ERP. All other communications will be through the emergency response personnel once onsite. In the absence of the EC, the backup or a designate will assume this role.

Describe what action is to be taken and by whom when a warning is issued (including details of a meeting place in a safe identified area and activating the evacuation plan, if necessary).

In the event that a warning has been issued, an evacuation will be undertaken and the emergency response coordinator will attempt to activate emergency shutoff and hydro shutoffs if feasible and immediately call 911 with pertinent info specific to the location and details of the emergency. All is noted in the ERP

Communication with Emergency Response Authorities

Describe when and how the licence holder will give early warning to emergency response authorities (including a process to ensure that a call is placed to 911).

In the event of a suspected leak, spill, fire or explosion, the EC (or backup) is to call 911 once employees and customers have been ushered to safety at the evacuation point. All steps in the process with associated details are listed in the ERP.

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

All equipment relevant to the propane operation are accessible outside the building including the emergency shutoff. The main fuel and hydro system shutoff is located inside the building (see site plan). The operation is open 24 hours per day and should be accessible; however, should it not be, emergency personnel will have to determine the best course of action to obtain entry.

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

Via cell phone or landline until such time as first responders are onsite. Upon arrival, the EC will liaise with emergency services personnel to provide updates. At this stage, control will be given to the appropriate authorities to manage the emergency. In a proactive manner, site and contact information is being provided along with a copy of the ERP when the RSMP is reviewed.

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

It is variable. The secondary contact is also the manager and will be local.

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Name of person completing this form (please print) Jawid Fakiri	Official Title Owner	
Signature 	Telephone No. 416-508-4017	Date (dd-mmm-yyyy) 2. 17/06/2017



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

The licence holder will complete Section B in consultation with the local Fire Services.

6. Building and Site Security and Procedures

	Yes	No
1. Does the propane location have controlled access to limit unnecessary risk and entry (lock out procedures)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Is there adequate night lighting at the site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Are procedures in place that ensure access routes, aisles, storage area, filling areas and the grounds are kept clear from unwanted materials?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Are there procedures that capture and record the daily inspection of hoses and inspection requirements for filling systems and mechanical devices used in the transfer of propane?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Does the facility have procedures that include a process to isolate and purge any overfilled propane cylinders?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Are weighing systems validated for accuracy?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Are storage areas clearly marked with the vessels' capacity status (i.e., filled, empty, purged and other hazardous materials)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8. Are quality assurance procedures in place to ensure that all valves are closed after the propane cylinders are filled?(e.g., QCC valves)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9. Is the schedule of maintenance and testing activities retained on site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

7. Water Supply

The propane licence holder should work with the local fire department to determine water supply capabilities that are available based on the propane facility's location.

	Yes	No
1. Is a pressurized water system available at the propane facility site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Can the municipal fire department pump 375 GPM (1420 LPM) of water at this location?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. What is the unobstructed distance to the closest water supply that could be used for firefighting activities? (distance in metres only)		<u>24.2m</u>
4. What is the unobstructed distance to the closest approved water supply with year round access if there are no hydrants? (distance in metres only)		<u>n/a</u>

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Signature 	Telephone No. 416-508-4017	Date (dd-mmm-yyyy) 17/06/2015



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

The licence holder will complete Section B in consultation with the local Fire Services.

8. Licence holder and local Fire Services Review

To be completed by the Local Fire Services

Has the local fire service had an opportunity to review the Emergency Response and Preparedness Plan?

Yes

No

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

Invitation to review site is provided along with copy of ERP. Previous site visits and reviews were completed with previous owner - no changes planned to facility or dispenser. (See letter)

Fire services comments, if any:

To be completed by the Licence Holder

In response to the above comments, the following action(s) is required:

The licence holder will respond to the Local Fire Services comments by: _____ (dd-mmm-yyyy)

LOCAL FIRE SERVICES

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

Print name	Signature	Date (dd-mmm-yyyy)
Local Fire Services Name <u>Chief Terry Dicks</u>		

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Name of person completing this form (please print) <u>Jawid Fakiri</u>	Official Title <u>Owner</u>	
Signature 	Telephone No. <u>416-508-4017</u>	Date (dd-mmm-yyyy) <u>17/06/2015</u>



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SECTION C: SUBMISSIONS

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

Facility Site Plan.

The licence holder will submit a copy of the original facility site plan updated with the following information:

1. The storage location of fixed, portable, and mobile vessels.
2. The maximum volume, types and storage location of hazardous materials.
3. Location of permanent structures on site.
4. Access and egress points and location of barriers.
5. Location of fire and emergency equipment (e.g., sprinkler systems, extinguishers, suppression systems) on site and location of fire hydrant or water supply where available.
6. Location of emergency shut off/shut down switches/valves.

Map of Surrounding Area.


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

7. The capacity and placement of the single largest propane storage vessel, including its setback from the front, rear and side property lines.
8. GPS co-ordinates of the single largest vessel.
9. Visual indication of the single largest fixed vessel and a circle made using the distance in Table 1 as the radius from the single largest fixed vessel.
10. Clear indication of the municipality or municipalities present within the circle.
11. Visual indication of property line information.
12. The location and name of roads within or abutting the site.
13. Key note to the drawing indicating the facility's municipal address, municipal lot number(s) and concession lines as applicable, and the date the map was prepared.
14. Address and contact information for each municipality (municipal clerk or secretary-treasurers of planning board). (Refer to page 5.)
15. Complete "Required Mapping Information from Updated Site Plan" in table below .

Required Mapping Information from Updated Site Plan

Date map prepared (dd-mmm-yyyy) <u>21-05-2015</u>	Capacity of single largest propane storage vessel (USWG) <u>2,000uswg</u>
Tank setback coordinates. Indicate placement on the map.	
Front: <u>11.3m (Main st)</u>	Right side property line: <u>57.3m (Walker)</u>
Rear: <u>50.3m</u>	Left side property line: <u>6.5m</u>
GPS coordinates of single largest vessel: <u>42deg47'03.50"N, 80deg, 11'59.80"W</u>	

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Signature 	Telephone No. <u>416-508-4017</u>
	Date (dd-mmm-yyyy) <u>17/06/2015</u>



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SECTION C: SUBMISSIONS (cont'd)

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

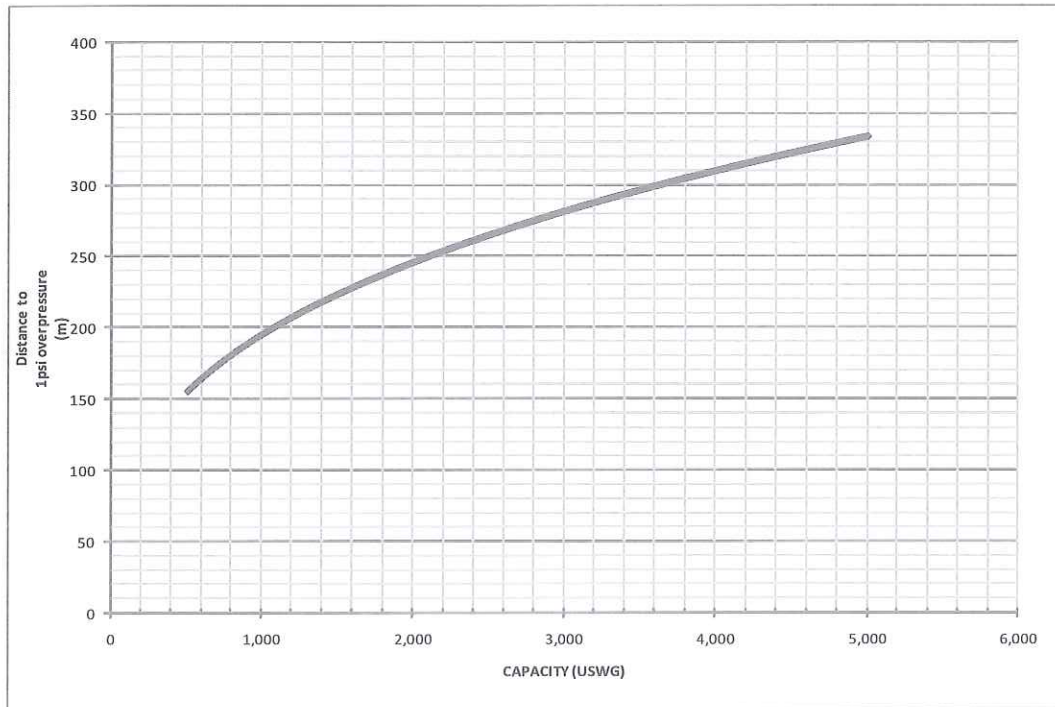
Table 1: Distance Table

Water Capacity (litres)	Nominal Water Capacity (USWG)	Distance to 1 psi overpressure (m)
1,890	500	155
3,780	1,000	195
4,920	1,300	213
6,620	1,750	235
7,130	1,885	241
7,560	2,000	246
18,900	5,000	333

Formula: $D = 16.94 \times (1.524 \times C)^{1/3}$
 D = Distance to overpressure of 1 psi (meters)
 C = Tank Total Capacity in USWG

Parameters: Density of Propane is 0.5033 kg per litre @ 15 C
 Assume all vessels are 80% full
 1 gallon [US, liquid] = 0.003785411784 cubic meter
 1 cubic metre = 264.17 USWG

Hazard Distance Chart (EPA-TNT model)





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Propane Storage and Handling Regulation

SECTION C: SUBMISSIONS (cont'd)

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

As an accompaniment to the Map of Surrounding Area, provide the following information about buildings and features present within the circle in Table 2.

Table 2: Buildings and Features

Buildings and Features Present within the Circle on the Map of the Surrounding Area AND Name and Address of Closest Building or Feature	* Number of Buildings and Features (mark with an "X")				Distance from Tank to Closest Building or Feature
	0	1	2-10	11+	
Industrial buildings or parks or golf courses Name: <u>Arbortown Mini-golf</u> Address: <u>100 main street</u> City: <u>Port Dover</u> Province <u>Ontario</u> Postal Code <u>NOA1N0</u>			x		<u>82.9</u> m
Residential building units specifically permanent single family dwellings, condominiums, and apartments. [Redacted]				x	<u>172.9</u> m
Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: <u>Harbor pizza</u> Address: <u>1 main street</u> City: <u>Port Dover</u> Province <u>Ontario</u> Postal Code <u>NOA1N0</u>				x	<u>41.2</u> m
Commercial building units – continuous occupancy specifically hotels, campgrounds, and resorts. Name: <u>Erie Beach Hotel</u> Address: <u>19 Walker St</u> City: <u>Port Dover</u> Province <u>Ontario</u> Postal Code <u>NOA1N0</u>		x			<u>121.6</u> m
Sensitive institutions specifically hospitals, schools and day cares, nursing and retirement homes, mental health institutions, and prisons. Name: <u>n/a</u> Address: _____ City: _____ Province _____ Postal Code _____	x				_____ m
Emergency responders specifically fire stations, ambulance stations, and police stations. Name: <u>n/a</u> Address: _____ City: _____ Province _____ Postal Code _____	x				_____ m

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

Declaration: I am aware that it is an offence to give false information in this document and I hereby declare that the information I have given here is true and complete.

Name of person completing this form (please print) <u>Jawid Fakiri</u>	Official Title <u>Owner</u>
Signature 	Telephone No. <u>416-508-4017</u>
	Date (dd-mmm-yyyy) <u>17/06/2015</u>



Technical Standards and Safety Authority
www.tssa.org

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

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

WORKSHEET

Portable Storage Additional Information Worksheet

Cylinder Size	Capacity in USWG	Quantity	Total Volume in USWG
# 420	123.9		
# 100	29.5		
# 40	11.75		
# 33.3	9.62		
# 30	8.8		
# 20	5.8	24	139.2uswg
# 10	2.9		
# 5	1.5		
Total Cylinder Capacity			139.2

Tanks Stored On-site Not Connected for Use

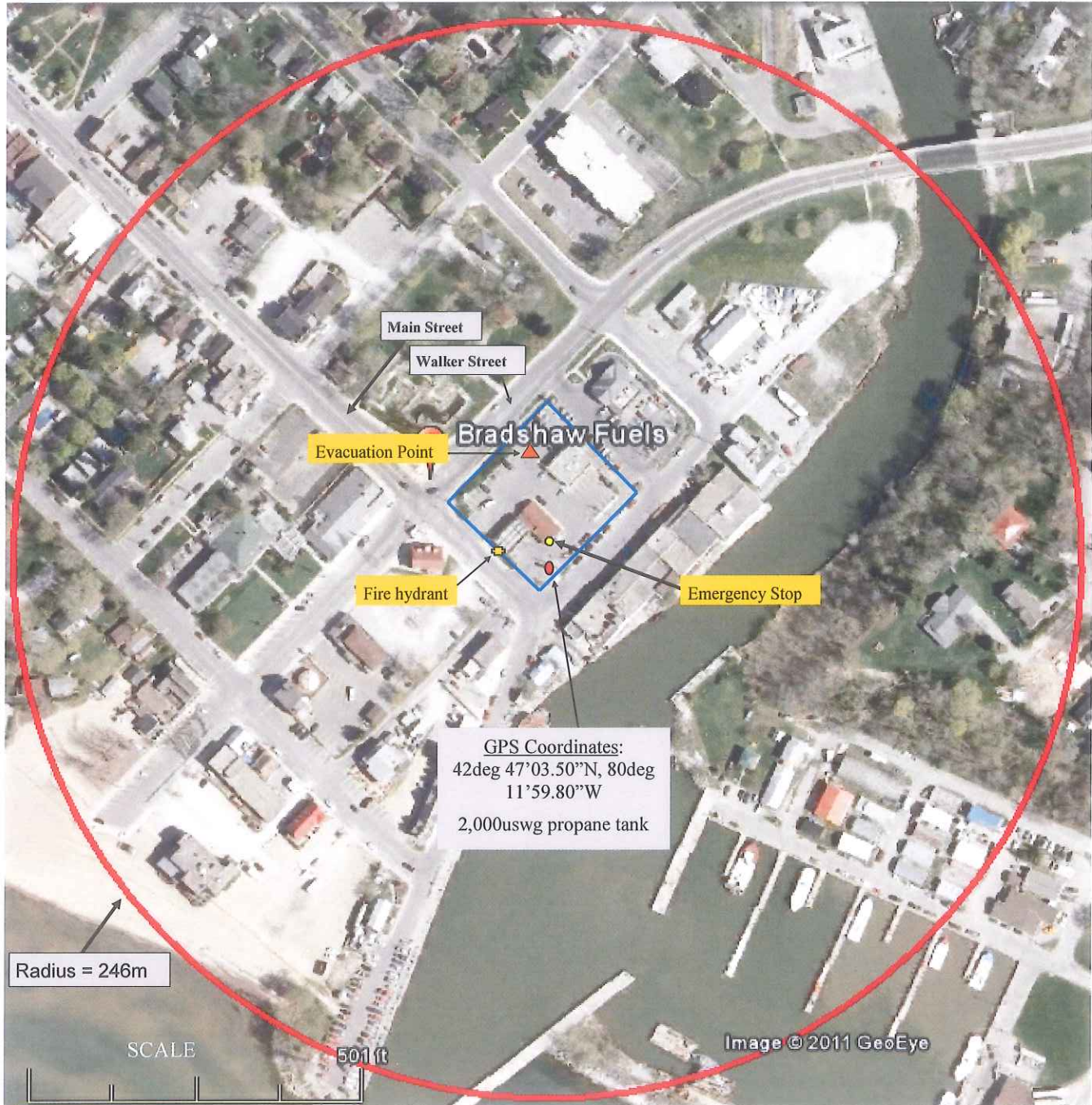
Tank Size In USWG	Quantity	Total Volume in USWG
Total Tank Capacity		0

Total Cylinder Capacity	139.2uswg
Total Tank Capacity	0 (other than 2000 fixed tank in operation)
Total Portable Capacity (Total Cylinder Capacity + Total Tank Capacity)	139.2uswg

Port Dover Convenience and Gas Bar

c/o 1930371 Ontario Limited

10 Main Street
Port Dover, Ontario NOA 1N0



Radius = 246m

SCALE

501 ft

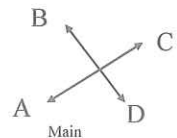
Image © 2011 GeoEye

Prepared May 21, 2015 using Google Earth Pro

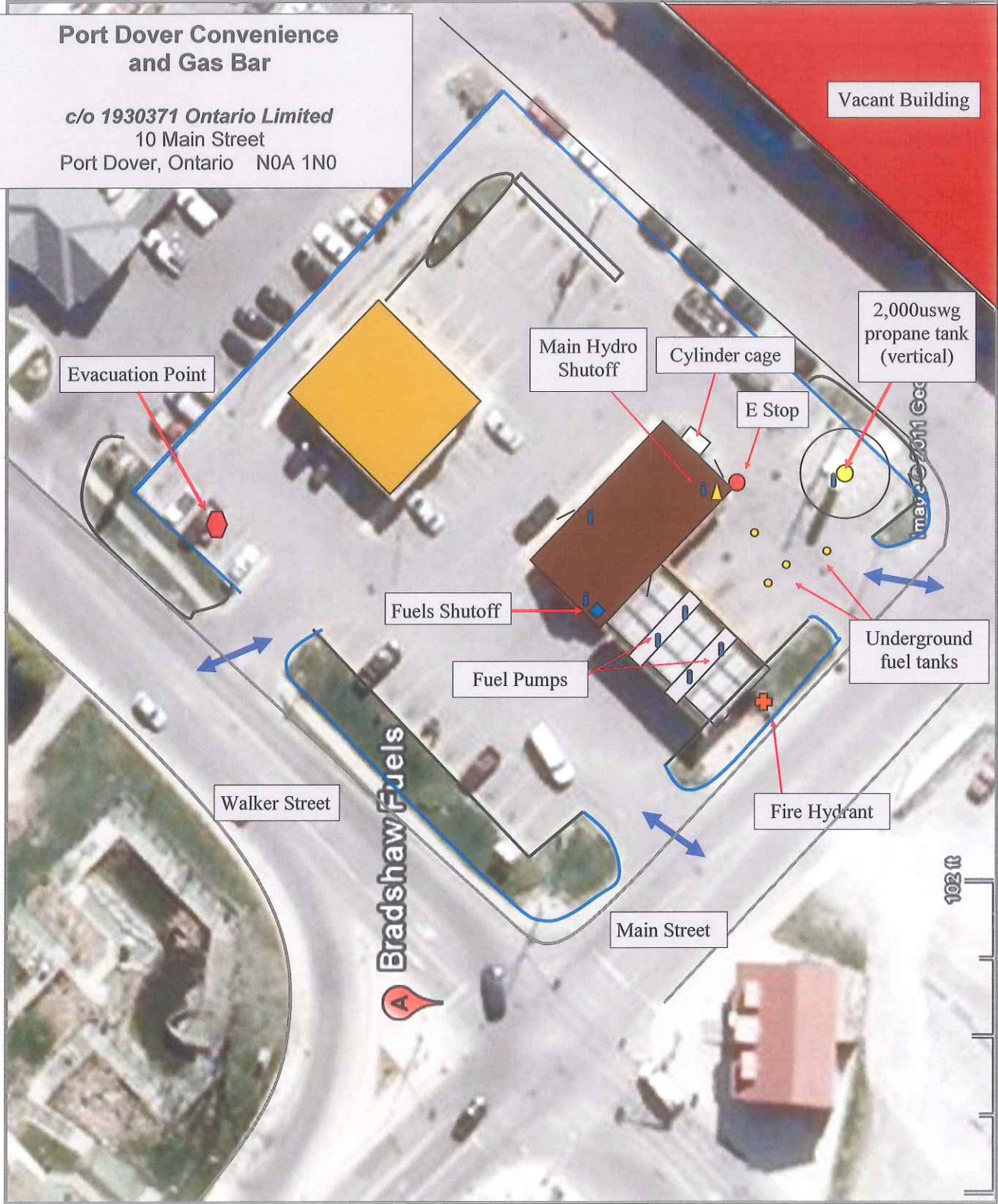
Municipality: Norfolk
County Manager:
519-426-5870
Keith Robicheau
Clerk—Andy Grozelle

Set back from property
lines (outlined in blue)

- 11.3m a
- 57.3m b
- 50.3m c
- 6.5m d



Port Dover Convenience and Gas Bar
 c/o 1930371 Ontario Limited
 10 Main Street
 Port Dover, Ontario N0A 1N0

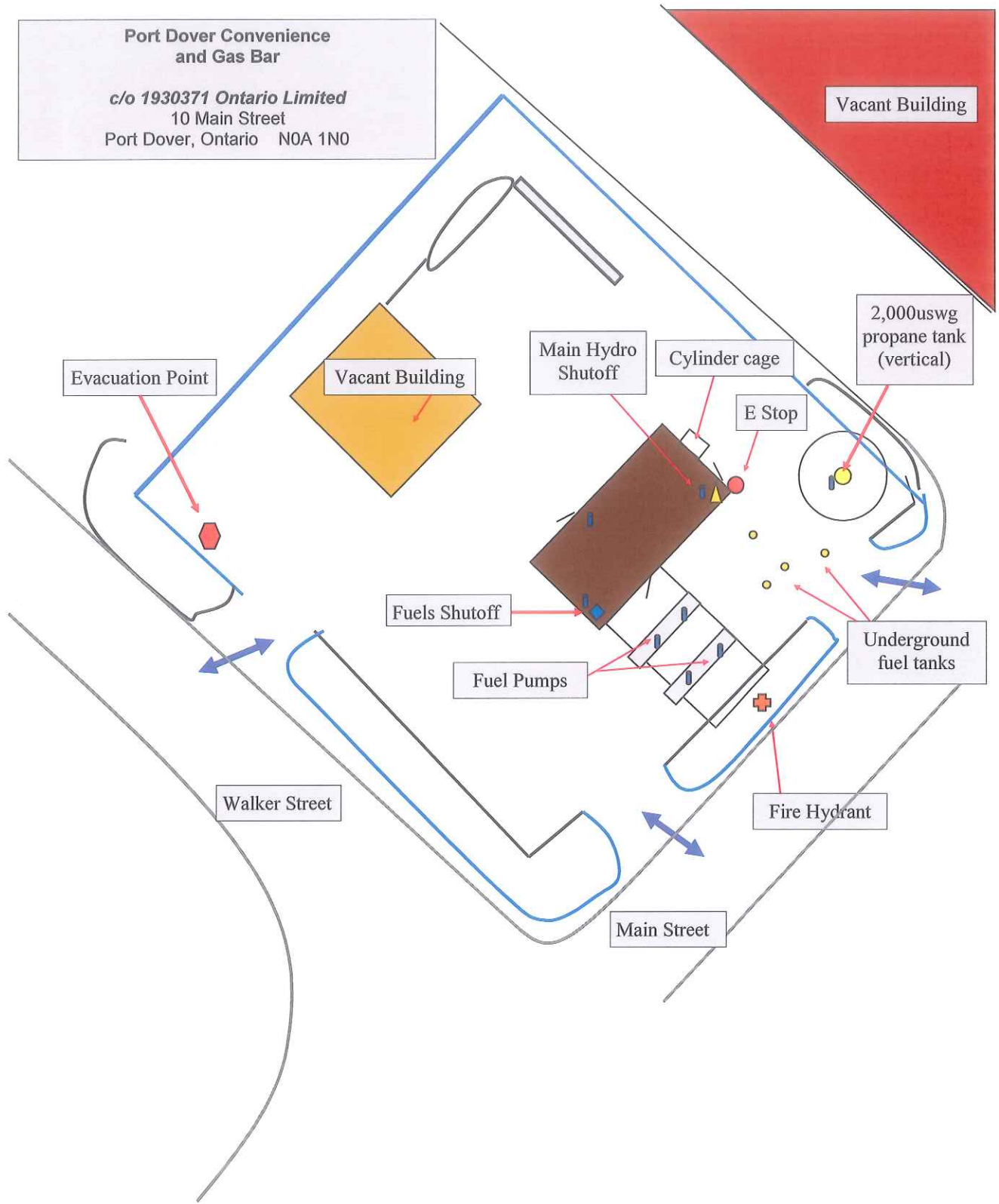


● Note: Underground fibre glass fuel tanks are the following sizes:
 Premium gasoline—22,730L
 Regular unleaded fuel—22,730L and 50,000L

■ Fire extinguishers

**Port Dover Convenience
and Gas Bar**

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 10 Main Street
 Port Dover, Ontario N0A 1N0



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