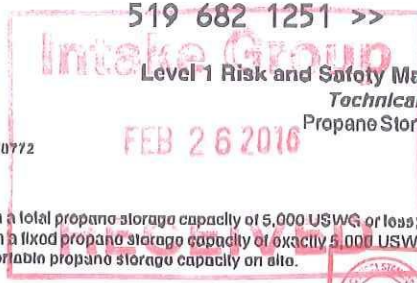




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This Level 1 RSMP applies to: - a facility with a total propane storage capacity of 5,000 USWG or less; or
- a facility with a fixed propane storage capacity of exactly 5,000 USWG and no more than 500 USWG of portable propane storage capacity on site.

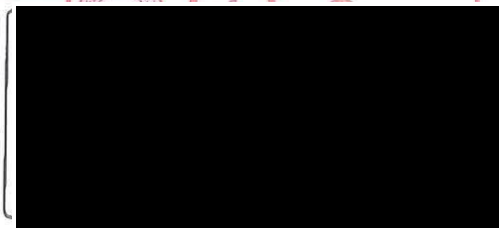
Failure to fully complete this form may result in rejection. Making a false statement may result in a fine or prosecution under the *Technical Standards and Safety Act*

Licence Number 000256140

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 Higley Merchandising Ltd. Corporation No. 928232-0

Operator Name (if different from above)

Telephone No. 519-682-1284 Fax No. 519-682-4302 E-mail Phil.Higley@higley.com

B Street No. 37 Street Name / 911 Number / Address, if applicable Mill Street East PO Box 280

Town / City or Township / County Tilbury Province Ontario Postal Code N0P 2L0

Mailing address if different from above.

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

Town / City or Township / County Province Postal Code

Information on Container Refill Centre or Filling Plant

D Location of facility.

Street No. 37 Street Name / 911 Number / Address, if applicable Mill Street East Nearest Major Intersection Queen Street & Mill Street

Town / City or Township / County Tilbury Province Ontario Postal Code N0P 2L0

Name of Licence Holder Higley Merchandising Ltd. - Phil Higley

Name of a Senior Management person as defined in the regulation holding the Record of Training (ROT). Joyce Brossseau ROT type 100-00 Cnr# 210074

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

Hours of operation.

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

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

Print name Name of Licence Holder <u>Phil Higley</u>	Signature 	Date (dd-mm-yyyy) <u>25/02/2016</u>
Name of Senior Management person as defined in the Regulation holding the Record of Training <u>Joyce Brossseau</u>		



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SECTION A: GENERAL INFORMATION (cont'd)

Indicate the year the facility was established. 1984
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
Tank 1:	0-300 lbs	SIN 4021-1
Tank 2:		
Tank 3:		

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

Fixed: 2000 Portable: 210 Mobile:



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Name of person completing this form (please print) Phil Higley	Official Title President/Associate Dealer
Signature <i>PH</i>	Telephone No. 519-682-1284
	Date (dd-mm-yyyy) 25/02/2016



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SECTION A: GENERAL INFORMATION (cont'd)

Activity Information

Name of Propane Supplier(s) Superior Propane		For Office Use - Party No.	
Street No. 6750	Street Name / 911 Number / Address, if applicable Century Ave #400		
Town / City or Township / Country Mississauga		Province Ontario	Postal Code L5N 2V8
Telephone No. 905-979-1129	Fax No. 877-730-5576	Contact Name Mac Suthorland	
E-mail			

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

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

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

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Signature 	Telephone No. 519-682-1284	Date (dd-mm-yyyy) 25/02/2016	



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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.
32x20lb. cage

2xAcetylene canister in shop, 1xComp. Oxygen canister in shop

2270L waste oil tank in compound beside shop

1135L bulk oil & 800L bulk oil tanks in shop

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

10lb fire extinguisher, 2x5lb fire extinguisher in shop

20lb fire extinguisher at Propane

Fire Hydrant at South West corner of parking lot

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.

Fusible link on ISC valve between tank and propane dispenser

Pump shut off switch located at fill station, shut off/electrical shut off switch also located on north east wall of shop closest filling station

Emergency pull station located on north east wall of shop

Shop and retail store protected by sprinkler system

Maintenance and testing schedule for fire protection controls and devices.

Maintenance inspection completed annually by Superior Propane

Fire Extinguishers, Sprinkler Systems and buildings Fire Alarm System tested in accordance with the Ontario Fire Code

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) Phil Higley		Official Title President/Associate Dealer	
Signature <i>PH</i>		Telephone No. 519-682-1284	Date (dd-mmm-yyyy) <i>25/02/2016</i>



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Level 1 Risk and Safety Management Plan (RSMP)
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SECTION B: EMERGENCY AND PREPAREDNESS RESPONSE PLAN (cont'd)

1. Contacts for Emergency Response

1. Facility Contact Personnel - Key Contact		5. Facility 24-Hour Contact Person	
Name Phil Higley	For Office Use - Party No.	Name Phil Higley	For Office Use - Party No.
Official Title Dealer		Official Title Dealer	
Telephone No. 519-682-1284	Fax No. 519-682-4302	Cell No. 705-627-8692	Fax No.
E-mail PhilHigleyctc@yahoo.com		E-mail PhilHigleyctc@yahoo.com	
Role and responsibilities in emergency Co-ordinate site response		Role and responsibilities in emergency Co-ordinate site response	
2. Facility Contact Personnel - Alternate Contact		6. Name of Facility Manager	
Name Joyce Brosseau	For Office Use - Party No.	Name Phil Higley	For Office Use - Party No.
Official Title Retail Manager		Official Title Dealer	
Telephone No. 519-682-1284	Fax No. 519-682-4302	Telephone No. 519-682-1284	Fax No. 519-682-4302
E-mail joyallire@yahoo.com		E-mail PhilHigleyctc@yahoo.com	
Role and responsibilities in emergency Co-ordinate site response if Dealer unavailable		Role and responsibilities in emergency Co-ordinate site response	
3. Local Fire Services - Key Contact		7. Propane Supplier Key Contact Person	
Name Ken Stuebing	For Office Use - Party No.	Name Superior Propano	For Office Use - Party No.
Official Title Fire Chief	E-mail kons@chatham-kent.ca	Official Title	E-mail guardian@superiorpropano.com
Telephone No. 519-436-3270	Fax No.	Telephone No. 1-877-873-7467	Fax No. 877-730-6575
Role and responsibilities in emergency Fire Chief		Role and responsibilities in emergency Identify and dispatch Superior Propano and/or LPERGC emergency response personnel	
Fire Services Address 5 Second Street, Chatham, ON		Propane Supplier Address 6750 Century Ave. #400 Mississauga, Ont	
4. Local Fire Services - Alternate Contact		8. Municipal Contact	
Name Bob Davidson	For Office Use - Party No.	Name Tina Rabideau	For Office Use - Party No.
Official Title Assistant Chief	E-mail bobs@chatham-kent.ca	Official Title Building Development Services	
Telephone No. 519-436-3270	Fax No.	Telephone No. 519-360-1998	Fax No.
Role and responsibilities in emergency Assistant Fire Chief		E-mail tinar@chatham-kent.ca	
Fire Services Address 5 Second Street, Chatham, ON		Municipality Name and Address 315 King Street West Chatham, Ontario	

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) Phil Higley	Official Title President/Associate Dealer
Signature 	Telephone No. 519-682-1284
	Date (dd-mmm-yyyy) 25/02/2016



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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.

N/A

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Signature <i>PH</i>		Telephone No. 519-682-1284	Date (dd-mmm-yyyy) <i>25/02/2016</i>



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

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

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

Training Date (dd-mm-YYYY) <i>Q3 2015</i>	Print Name of Training Provider: <i>SSJT HOLDINGS LTD.</i>
	Print Name of Instructor: <i>STAN PILECCI</i>
Training Date (dd-mm-YYYY)	Print Name of Training Provider:
	Print Name of Instructor:
Training Date (dd-mm-YYYY)	Print Name of Training Provider:
	Print Name of Instructor:

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

Training Date (dd-mm-YYYY) <i>Q3 2015</i>	Print Name of Training Provider: <i>SSJT HOLDINGS LTD.</i>
	Print Name of Instructor: <i>STAN PILECCI</i>
Training Date (dd-mm-YYYY)	Print Name of Training Provider:
	Print Name of Instructor:
Training Date (dd-mm-YYYY)	Print Name of Training Provider:
	Print Name of Instructor:

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

Training Date (dd-mm-YYYY) <i>03Jun2015</i>	Print Name of Training Provider: <i>Propane Training Institute</i>
	Print Name of Instructor: <i>Joe McLeod</i>
Training Date (dd-mm-YYYY)	Print Name of Training Provider:
	Print Name of Instructor:
Training Date (dd-mm-YYYY)	Print Name of Training Provider:
	Print Name of Instructor:

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) <i>Phil Highy</i>	Official Title <i>President/Associate Dealer</i>
Signature <i>PH</i>	Telephone No. <i>519-682-1284</i>
	Date (dd-mm-YYYY) <i>25/02/2016</i>



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

4. Emergency Training Plan for Coming Year

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

Target Date (dd-mm-yy) Q2 2016	Print Name of Training Provider: HIGLEY MERCHANDISING LTD.
	Print Name of Instructor: PHIL HIGLEY
Target Date (dd-mm-yy)	Print Name of Training Provider:
	Print Name of Instructor:
Target Date (dd-mm-yy)	Print Name of Training Provider:
	Print Name of Instructor:

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

Target Date (dd-mm-yy) Q2 2016	Print Name of Training Provider: HIGLEY MERCHANDISING LTD.
	Print Name of Instructor: PHIL HIGLEY
Target Date (dd-mm-yy)	Print Name of Training Provider:
	Print Name of Instructor:
Target Date (dd-mm-yy)	Print Name of Training Provider:
	Print Name of Instructor:

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

Target Date (dd-mm-yy) Q2 2016	Print Name of Training Provider: PROPANE TRAINING INSTITUTE
	Print Name of Instructor: JOE MCLEOD
Target Date (dd-mm-yy)	Print Name of Training Provider:
	Print Name of Instructor:
Target Date (dd-mm-yy)	Print Name of Training Provider:
	Print Name of Instructor:

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) Phil Higley	Official Title President/Associate Dealer
Signature <i>PH</i>	Telephone No. 519-682-1284
	Date (dd-mm-yy) 25/02/2016



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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).
If there is any problem with the dispensing/storage of the propane, any staff will contact 911 and begin to evacuate all people in the mechanics shop area and all people in the retail store. We can also use the buildings fire alarm system to evacuate all people of entire facility.

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).
Action and warnings will be taken by the on duty ROT person(s). It has been agreed that the designated meeting place for all staff/customers is the Canadian Tire road sign in the SW corner of the parking lot

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).
As soon as anyone sees/finds a problem (leak), they will initiate a 911 call and proceed with evacuation. Once this has been done, the propane supplier will be notified

Describe provisions for fire department entry when there are no operations or staffing at the propane site.
Our propane site is in our parking lot and is very visible. It is a vertical tank and very visible. We have 2 large entrances to our parking lot so accessibility for the Fire Department should be a non issue

Describe how the licence holder will ensure continual flow of updated information to authorities.
If safe to do so, tank fill level will be communicated to authorities as well as contacts outlined in the RSMP

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

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) Phil Higley		Official Title President/Associate Dealer	
Signature 		Telephone No. 519-682-1284	Date (dd-mmm-yyyy) 25/02/2016



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

The licence holder will complete Section B in consultation with the local Fire Services,
6. Building and Site Security and Procedures

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

7. Water Supply

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

- | | Yes | No |
|---|-------------------------------------|--------------------------|
| 1. Is a pressurized water system available at the propane facility site? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Can the municipal fire department pump 375 GPM (1420 LPM) of water at this location? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. What is the unobstructed distance to the closest water supply that could be used for firefighting activities? (distance in metres only) | 50 _____ | |
| 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) | N/A _____ | |

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) Phil Highty	Official Title President/Associate Dealer	
Signature 	Telephone No. 519-682-1284	Date (dd-mm-yy) 25/02/2016



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

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

8. Licence holder and local Fire Services Review

To be completed by the Local Fire Services

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

Yes

No

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

Fire services comments, if any:

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: Scott Sproule	<i>[Signature]</i>	Feb 25, 2016

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) Phil Higley	Official Title President/Associate Dealer	Date (dd-mmm-yyyy) <i>25/02/2016</i>
Signature <i>[Signature]</i>	Telephone No. 519-682-1284	



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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) 10/02/2016	Capacity of single largest propane storage vessel (USWG) 2000 USWG
Tank setback coordinates. Indicate placement on the map.	
Front: 180' 20m	Right side property line: 100' 5m
Rear: 155' 20m	Left side property line: 240' 100m
GPS coordinates of single largest vessel: 42.2647, -82.426	

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) Phil Hingley	Official Title President/Associate Doctor
Signature <i>PH</i>	Telephone No. 519-682-1284
	Date (dd-mmm-yyyy) 25/02/2016



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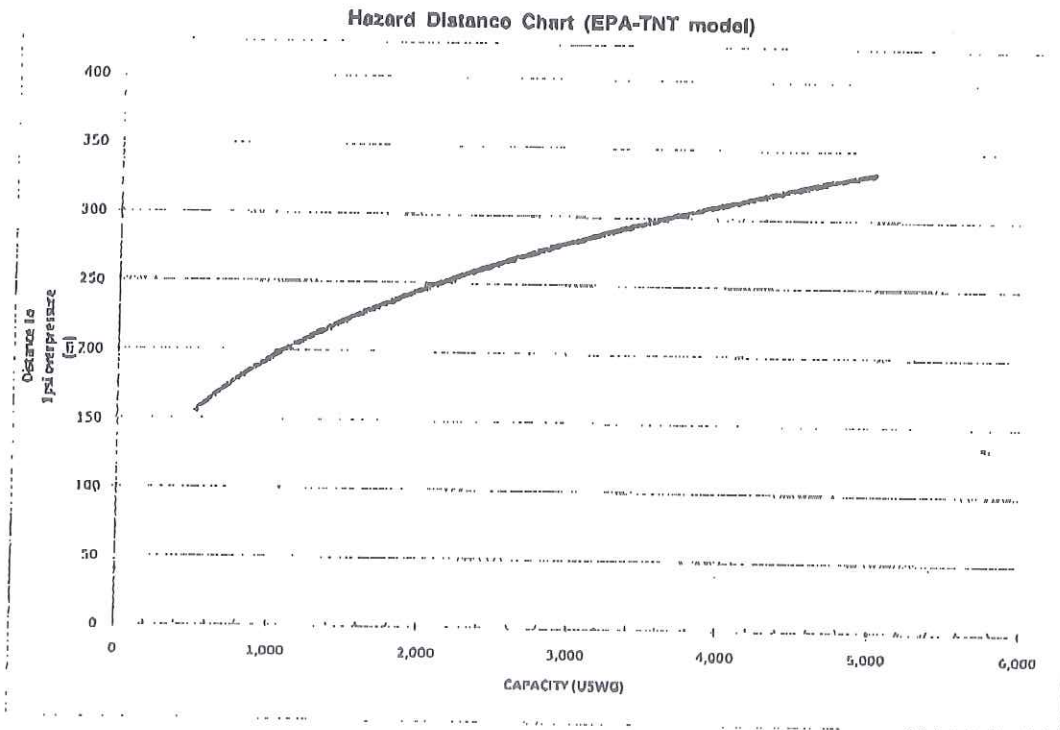
SECTION C: SUBMISSIONS (cont'd)
Applicant must include a Facility Site Plan and Map of Surrounding Area

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
6,020	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





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


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

Table 2: Buildings and Features

Buildings and Features Present within the Circle on the Map of the Surrounding Area AND Name and Address of Closest Building or Feature	* Number of Buildings and Features (mark with an "X")				Distance from Tank to Closest Building or Feature
	0	1	2-10	11+	
Industrial buildings or parks or golf courses Name: n/a Address: City: _____ Province _____ Postal Code _____					_____ m
Residential building units specifically permanent single family dwellings 				x	100 m
Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: Home Hardware Address: City: _____ Province _____ Postal Code _____		x			100 m
Commercial building units - continuous occupancy specifically hotels, campgrounds, and resorts. Name: n/a Address: City: _____ Province _____ Postal Code _____					_____ m
Sensitive institutions specifically hospitals, schools and day cares, nursing and retirement homes, mental health institutions, and prisons. Name: n/a Address: City: _____ Province _____ Postal Code _____					_____ m
Emergency responders specifically fire stations, ambulance stations, and police stations. Name: n/a Address: City: _____ Province _____ Postal Code _____					_____ m

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

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

Name of person completing this form (please print) Phil Higley	Official Title President/Associate Dealer
Signature 	Telephone No. 519-682-1284
	Date (dd-mm-yyyy) 25/02/2016



Technical Standards and Safety Authority
www.tssa.org

14th Floor - Centre Tower
3300 Bloor Street West
Toronto Ontario M8X 2X4
Fax: 416.231.4070
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	36	
# 10	2.9		
# 5	1.5		
Total Cylinder Capacity			210

Tanks Stored On-site Not Connected for Use

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

Total Cylinder Capacity	210
Total Tank Capacity	2000
Total Portable Capacity (Total Cylinder Capacity + Total Tank Capacity)	2210



Location of Propane Storage Tank:
 Demarcated by ● in centre of circle.

Capacity of Propane Storage Tank:
 Capacity of Propane Storage Tank = 2000 USWG

GPS Coordinates of Propane Storage Tank:
 GPS Co-ordinates = 42.2647, -82.426

Circular Distance to 1 psi overpressure:
 Denoted by circle centred on tank radial distance = 246 m

Note: Property Lines a setbacks shown on site plan.

Municipality (ies): within the 1 psi overpressure-circle:
Municipality of Chatham-Kent

Municipal Contact:

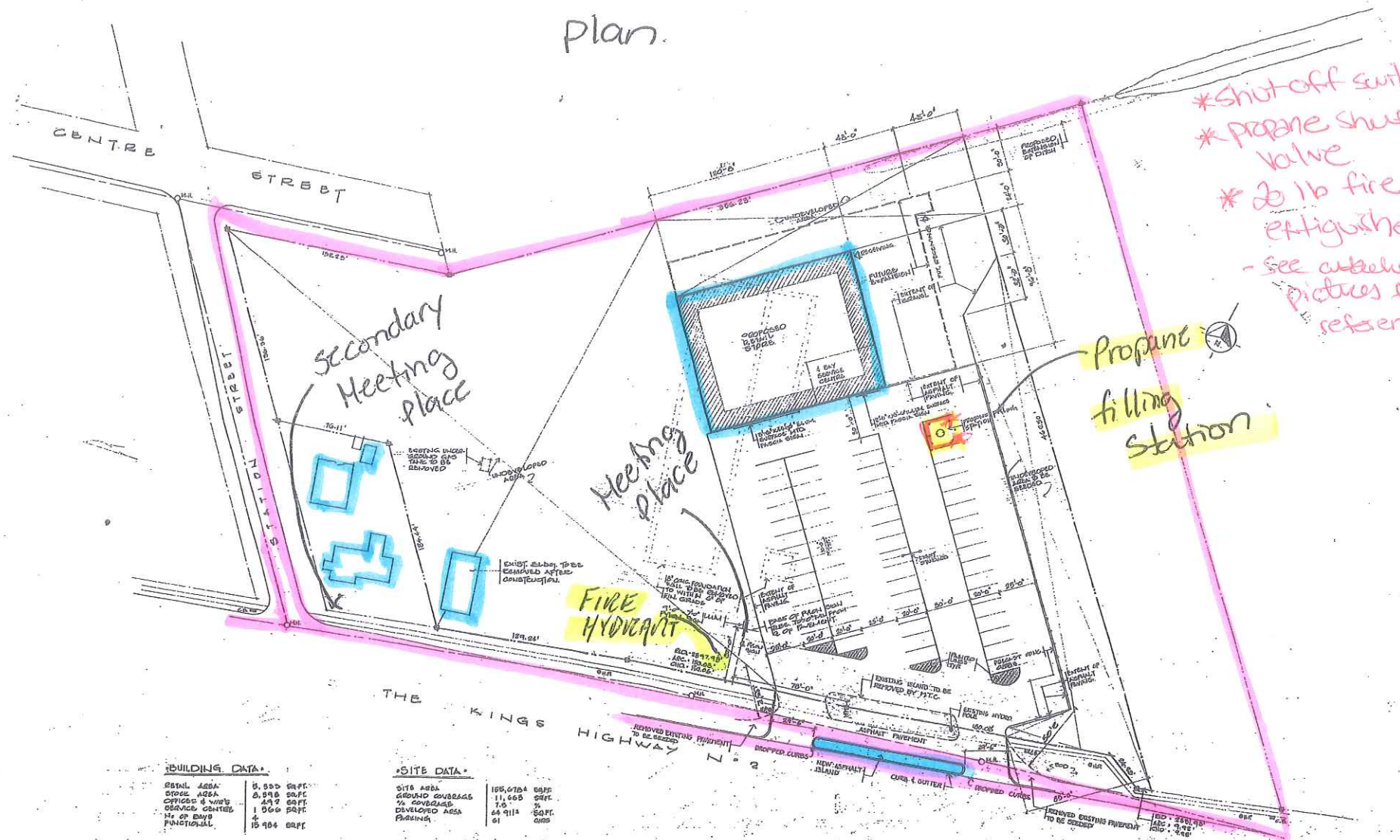
Map of Surrounding Area

Canadian Tire - 37 Mill St East

Legal Description: Please see attached

TYPE 76

STORE Site plan.



* Shut off switch
 * Propane shut off valve
 * 20 lb fire extinguisher
 - see attached pictures for reference.

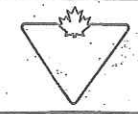
Propane filling station

BUILDING DATA*

BOTAL AREA	0,550 SQ.FT.
OFFICE & WAREHOUSE	2,978 SQ.FT.
NO. OF BAYS FUNCTIONAL	1,566 SQ.FT.
	15,904 SQ.FT.

SITE DATA*

SITE AREA	155,078 SQ.FT.
% COVERAGE	1.9%
DEVELOPED AREA	2,978 SQ.FT.
PARKING	64,911 SQ.FT.
	61 SQ.FT.

		PROPOSED RETAIL STORE AND SERVICE CENTRE TILBURY ONTARIO	
		SCALE 1" = 50'-0" DRAWN BY J.M.S. & J.L.L.	DATE: JULY 1 1976 CHECKED BY:
CANADIAN TIRE CORPORATION, LTD. BOX 770, STATION "A" TORONTO, ONTARIO M6P 2V8		DESIGNED BY J.C.S. DRAWN BY J.M.S. & J.L.L.	SITE PLAN A-1 SEP 14