

Ministry of the Environment and Climate Change

Statement of Completion Transit Projects

For Office Use Only					
Reference Number	Date (yyyy/mm/dd)	Initials			

General Information and Instructions

General

The information provided on this form is collected under the authority of the Ministry of the Environment and Climate Change Transit Project Assessment Process as prescribed under Ontario Regulation 231/08 of the Environmental Assessment Act.

Instructions

- 1. Questions regarding the completion and submission of this form should be directed to Customer Services and Outreach Unit at the Environmental Approvals Access and Service Integration Branch (416 314 8001 or 1-800-461-6290).
- 2. Please send the completed form to:

Ministry of the Environment and Climate Change Director, Environmental Approvals Branch 135 St. Clair Avenue West, 1st Floor Toronto ON M4V 1P5

- Fax: 416 314-8452
- 3. If additional space is needed, please attach a separate sheet.
- 4. Please print or type all information clearly

Ryan Telephone Number 416 202-4895 ext. Fax Number Fax Number Fax Number Email Address Jason.Ryan@metrolinx.com Proponent Type Municipal Private Sector Other (describe) Co-proponent Information Check here if more than one proponent Name(s) of Co-proponent(s) Attach completed and signed Additional Proponent Information form for each co-proponent. Description File name Proponent Mailing Address Civic Address Unit Number Street Number Street Name Bay Street PO Box	Dropopout Name (Israel serve)			
Contact Person Last Name Ryan Telephone Number 416 202-4895 ext. Proponent Type Municipal Other (describe) Co-proponent Information Check here if more than one proponent Name(s) of Co-proponent(s) Attach completed and signed Additional Proponent Information form for each co-proponent. Description Proponent Mailing Address Civic Address Unit Number Street Number Street Name Bay Street First Name Jason First Name Jason Middle Inition Email Address Email Address Federal Private Sector File name Proponent Information form for each co-proponent. Proponent Mailing Address Civic Address Po Box		individual or organization)		
Last Name Ryan Telephone Number 416 202-4895 ext. Fax Number Fax Number Email Address Jason.Ryan@metrolinx.com Proponent Type Municipal Provincial Other (describe) Co-proponent Information Check here if more than one proponent Name(s) of Co-proponent(s) Attach completed and signed Additional Proponent Information form for each co-proponent. Description Proponent Mailing Address Civic Address Unit Number Street Number Bay Street Middle Inition Email Address Fist Name Jason. Federal Private Sector P	Metrolinx			
Ryan Telephone Number 416 202-4895 ext. Proponent Type	Contact Person	111111111111111111111111111111111111111		
Telephone Number 416 202-4895 ext. Fax Number Email Address Jason.Ryan@metrolinx.com Proponent Type Municipal Provincial Crown Corporation Federal Private Sector Other (describe) Co-proponent Information Check here if more than one proponent Name(s) of Co-proponent(s) Attach completed and signed Additional Proponent Information form for each co-proponent. Description File name Proponent Mailing Address Civic Address Unit Number Street Number Bay Street Street Name Bay Street			First Name	Middle Initial
Proponent Type Municipal Provincial Crown Corporation Federal Private Sector Other (describe) ►			Jason	
Municipal Provincial Crown Corporation Federal Private Sector Other (describe) ►	416,000,4005	Fax Number	The second secon	***************************************
Other (describe) ▶ Co-proponent Information ☐ Check here if more than one proponent Name(s) of Co-proponent(s) Attach completed and signed Additional Proponent Information form for each co-proponent. ☐ Description File name Proponent Mailing Address Civic Address Unit Number Street Number Street Name Bay Street PO Box	Proponent Type	230070		
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	Proponent Mailing Address Civic Address	Description		
Delivery Designator	Proponent Mailing Address Civic Address Unit Number Street Number	Description mber Street Name		
Rural Route Suburban Service Mobile Route General Delivery N/A	Proponent Mailing Address Civic Address Unit Number Street Number	Description mber Street Name		

Delivery Identifier								
Municipality/Unorgan	izod Township	Prov	inos		Country			Destal Cada
Toronto	ized rownship	- FEET - CO.	ario		Country Canada			Postal Code M5J 2W3
								1V155 Z W 5
	n – If project is a	buildi	ng, complete A. If project is	a linear facilit	y, complete B.			
Project Name	1.6							
Burloak Drive Gr	•							
	es street number	name	s to an address that has cive, type and direction)	vic numbering	g and street		Unit Identifier such as suite	(identifies type of unit, & number)
Non Address Informa	tion (includes any	/ addit	ional information to clarify	client's physic	cal site location)		
Crossing of Burlo	ak Drive with	in the	GO Transit Lakeshor	e West Ra	il Corridor, i	n the C	City of Burlin	ngton/Town of
Oakville.								
B. Brief Project Desc	ription		100					
A new road-under	r-rail grade se _l	parati	on that provides a rail	corridor th	at continues	to incl	lude three (3) mainline tracks,
and a 4-lane arter	ial road (Burlo	ak D	rive).					
Date Notice of Comm (yyyy/mm/dd) (date of 2017/11/23			Date Notice of Completio Report given (yyyy/mm/d 2018/01/22			Date M		e given (yyyy/mm/dd)
Were any conditions i	imposed by the N	linister	?					-
☐ Yes ✓ No	4 4							
Were any notices to s ☐ Yes)							
More any objections	aubmitted to the N	dininta	-0					
Were any objections		viiniste	er?					
Yes No)							
Was a Revised Environ Yes V No If yes, enter the date I Date Revised Environ	below		t prepared? submitted (yyyy/mm/dd)	Date Ministe	er's Notice give	n (yyyy/	mm/dd)	
Location of Public	Available Doo	umer	ntation		107337497			
Same as Site Add	ress							
reports/information; E given or received noti any commitments ma	nvironmental Pro ces and Stateme	ject Re	ite or in another location w eport; Revised Environmen Completion prepared unde address concerns in any of	ital Project Re r the Transit I	eport; Addendu Project Assessr	m to En	vironmental Pr	oject Report; and all
✓ Civic Address	Č						ū	
Unit Number	Street Number	- 1	Street Name Bay Street					PO Box
Municipality/Unorgani	zed Township	Provi	nce		Country			Postal Code
Toronto		Onta	ario		Canada		1	M5J 2W3

Survey Address

Geo Reference (Non Address Information)

Description	Map Datum	Zone	Accuracy Estimate	Geo-Referencing Method	UTM Easting	UTM Northing
Southwest corner of property						
Physical location of front door						
Contact Information a	bout project docume	entation				
Contact Person						
_ast Name			First Nam	е	1	/liddle Initial
Osojnicki			Mirjana			
Telephone Number	Email Addr			Website containing		ition
416 202-0295 e	kt. Mirian	a. Osojnick	i a metrolihu.co	www.metrolinx	com/Burloak	
Statement of Prop		0				
			nowledge, the informations requirements set out i			
, the undersigned, int	end to proceed with	the above-noted	project in accordance w	vith the: (check only o	ne)	
✓ Environmental Pro	ject Report					
Environmental Pro	ject Report, subject	to the conditions	set out in a Minister's N	otice		
	ental Project Report					
Revised Environm	entai Froject Report					
have the authority to						
					Title	
have the authority to					Title Director - EP	A
have the authority to					150505)	