

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 Client Services and Permissions 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 Assessment and Permissions 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.

4. I lease print of type an information dearly.										
Proponent Information										
Proponent Name (legal name of individual or organization) Metrolinx										
Contact Person										
Last Name				First Name Gretel			Middle Initial			
Green	Green									
Telephone Number	ne Number Fax Number				Email Address					
416 202-1649 ex	t.		gı	etel.gree	en@metrolinx.com	n				
Proponent Type	1		1							
Municipal / Pr	rovincial	Crown Corporation	Fed	eral	Private Sector					
Other (describe)										
Co-proponent Inform	nation									
Check here if more th	nan one proponent									
Name(s) of Co-proponent(s)										
Attach completed and	signed Additiona	l Proponent Informa	ation form	for each o	o-proponent.					
	Description	n		File name						
Attach File(s)	Remove File(s)	View File(s)								
Proponent Mailing Address										
Civic Address										
Unit Number St	treet Number	Street Name					РО Вох			
10	0	Bay Street					n/a			
Delivery Designator										
☐ Rural Route ☐ Suburban Service ☐ Mobile Route ☐ General Delivery ✓ N/A										

Delivery Identifier								
Municipality/Unorgani	zed Township	Provi	ince		Country		Postal Code	
Toronto	Lou rouniomp	Onta			Canada M5J 2W3			
	n – If project is a		ng, complete A. If project is a	linear facility				
Project Name					•			
Park Lawn GO Sta	ation							
information include	es street number,	name	to an address that has civid type and direction) the City of Toronto	numbering a	and street	Unit Identifier such as suite	(identifies type of unit, & number)	
			ional information to clarify core West Rail Corridor,				n the City of	
B. Brief Project Descri	iption							
	ons. The GO S	tation	osed new GO station or n will include new stati structure.					
Date Notice of Commencement distributed (yyyy/mm/dd) (date of first publication) Date Notice of Completion of Environmental Project Report given (yyyy/mm/dd) (date of first publication) 2021/08/26 Date Notice of Completion of Environmental Project Report given (yyyy/mm/dd) (date of first publication) 2022/02/17						otice given (yyyy/mm/dd)		
Were any conditions i	mposed by the M	inister	?		1			
Yes No								
Were any notices to s Yes No If yes, provide number	·		-					
More any objections	upmitted to the N	liniata						
Were any objections s ✓ Yes No		iiiiste	H ?					
Was a Revised Environ Yes No If yes, enter the date to Date Revised Environ	pelow			Date Ministe	er's Notice given	(yyyy/mm/dd)		
Location of Public	Available Doc	umer	ntation					
Same as Site Addı	ess							
reports/information; E given or received notice	nvironmental Proj ces and Statemer	ect Re	ite or in another location wheport; Revised Environment Completion prepared under address concerns in any of	al Project Re the Transit F	eport; Addendur Project Assessm	n to Environmental P	roject Report; and all	
Civic Address								
Unit Number	Street Number 10		Street Name Bay Street				PO Box	
Municipality/Linases	-			ı	Country			
Municipality/Unorganized Township Provint Onta					Country Canada		Postal Code M5J 2W3	

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Survey Address									
Geo Reference (No	n Addres	s Informa	tion)						
Description	Map Datum Zone		Accuracy Estimate		Geo-Referencing Method	UTM Easting	UTM Northing		
Southwest corner of property									
Physical location of front door									
Contact Information	n about p	project do	cumentation						
Contact Person									
Last Name	Last Name				First Name			Middle Initial	
Green	Gretel								
Telephone Number	·					Website containing project documentation			
416 202-1649 ext. gretel.green@metrolinx.com					https://www.2150lakeshore.com/transitea/				
Statement of Prop	ponent								
I, the undersigned he have complied with the Assessment Act.									
I, the undersigned, intend to proceed with the above-noted project in accordance with the: (check only one)									
Environmental Pr	oject Rep	ort							
Environmental Pr	oject Rep	ort, subjec	t to the conditions se	et out in a l	Minister's N	otice			
Revised Environr	nental Pr	oiect Repo	rt						
I have the authority to									
Name		э ргоролол	<u>. </u>				Title		
Pam Foster						Director, EPA			
I alli I Ostel							Director, El	. /1	
Signature					Date (yyyy/mr	Date (yyyy/mm/dd)			
P. Fot							2022/02/18		

Print Form

Save Form

Clear Form

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