



Statement of Completion
Transit Projects

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

General Information and Instructions

General

The information provided on this form is collected under the authority of the Ministry of the Environment, Conservation and Parks 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 the Client Services and Permissions Branch at 416-314-8001 or 1-800-461-6290.

2. Please send the completed form to:

Ministry of the Environment, Conservation and Parks
Director, Environmental Assessment 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.

Proponent Information

Proponent Name (legal name of individual or organization)
Toronto Waterfront Revitalization Corporation

Contact Person

Last Name Meredith-Karam	First Name Patrick	Middle Initial S
Telephone Number 416-214-1344 ext.	Fax Number	Email Address pmeredith-karam@waterfrontoronto.ca

Proponent Type

☐ Municipal ☐ Provincial ☐ Crown Corporation ☐ Federal ☐ Private Sector

☒ Other (describe) ► Toronto Waterfront Revitalization Corporation

Co-proponent Information

☒ Check here if more than one proponent

Name(s) of Co-proponent(s)
City of Toronto; Toronto Transit Commission

Attach completed and signed Additional Proponent Information form for each co-proponent.

Description	File name
City of Toronto; Toronto Transit Commission	

Proponent Mailing Address

Civic Address			
Unit Number 301	Street Number 251	Street Name Queens Quay East	PO Box

Delivery Designator

☐ Rural Route ☐ Suburban Service ☐ Mobile Route ☐ General Delivery ☒ N/A

Delivery Identifier

Municipality/Unorganized Township Toronto	Province ON	Country Canada	Postal Code M5A 0X3
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Project Information – If project is a building, complete A. If project is a linear facility, complete B.

Project Name

Waterfront East Light Rail Transit (LRT)

A. Site Address – Street information (applies to an address that has civic numbering and street information includes street number, name, type and direction)	Unit Identifier (identifies type of unit, such as suite & number)
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Non Address Information (includes any additional information to clarify client's physical site location)

B. Brief Project Description

Transit project (LRT) spanning approximately 2km, below ground from Union Station to Queens Quay and at surface level along Queens Quay from east of Bay Street to future Street A (east of Parliament Street)

Date Notice of Commencement distributed (yyyy/mm/dd) (date of first publication) 2024/03/14	Date Notice of Completion of Environmental Project Report given (yyyy/mm/dd) (date of first publication) 2024/06/26	Date Minister's Notice given (yyyy/mm/dd)
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Were any conditions imposed by the Minister?

☐ Yes ☒ No

Were any notices to suspend the 120-day period given?

☐ Yes ☒ No

If yes, provide number of days project timelines were suspended

Were any objections submitted to the Minister?

☐ Yes ☒ No

Was a Revised Environmental Project Report prepared?

☐ Yes ☒ No

If yes, enter the date below

Date Revised Environmental Project Report submitted (yyyy/mm/dd)	Date Minister's Notice given (yyyy/mm/dd)
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Location of Public Available Documentation

☐ Same as Site Address

Proponents are required to retain, either on site or in another location where they will be readily available, any publicly available pre-planning reports/information; Environmental Project Report; Revised Environmental Project Report; Addendum to Environmental Project Report; and all given or received notices and Statements of Completion prepared under the Transit Project Assessment Process, as well as documentation of any commitments made by the proponent to address concerns in any of the above-noted reports.

☒ **Civic Address**

Unit Number 301	Street Number 251	Street Name Queens Quay East	PO Box
Municipality/Unorganized Township Toronto	Province ON	Country Canada	Postal Code M5A 0X3

☐ **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 about project documentation

Contact Person

Last Name Meredith-Karam	First Name Patrick	Middle Initial S
Telephone Number 416-214-1344 ext.	Email Address info@waterfrontoronto.ca	Website containing project documentation http://www.toronto.ca/waterfronttransit

Statement of Proponent

I, the undersigned hereby declare that, to the best of my knowledge, the information contained in this Statement is complete and accurate and I have complied with the Transit Project Assessment Process requirements set out in Ontario Regulation 231/08 under the *Environmental Assessment Act*.

I, the undersigned, intend to proceed with the above-noted project in accordance with the: (check only one)

- ☒ Environmental Project Report
- ☐ Environmental Project Report, subject to the conditions set out in a Minister’s Notice
- ☐ Revised Environmental Project Report

I have the authority to bind the proponent.

☒ By checking this each of the undersigned acknowledge that in providing their name on the applicable line below in electronic form will constitute a signature for the purposes of the *Electronic Commerce Act, 2000*, S.O. 2000, c. 17.

Name Christopher Glaisek	Title Chief Planning and Design Officer
Signature  DocuSigned by: AE277B6DC4C740D...	Date (yyyy/mm/dd) 11/7/2024 4:32 PM EST

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Toronto ON M4V 1P5
Fax: 416-314-8452
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Proponent Information

Proponent Name (legal name of organization)
City of Toronto - Transit Expansion Division

Contact Person

Last Name Toigo	First Name Derrick	Middle Initial
Telephone Number 647-678-4684 ext.	Fax Number	Email Address Derrick.Toigo@toronto.ca

Proponent Type

- ☒ Municipal
 ☐ Provincial
 ☐ Crown Corporation
 ☐ Federal
 ☐ Private Sector
- ☐ Other (describe) ►

Proponent Mailing Address

Civic Address

Unit Number Floor 24	Street Number 100	Street Name Queen St W	PO Box
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Delivery Designator

- ☐ Rural Route
 ☐ Suburban Service
 ☐ Mobile Route
 ☐ General Delivery
 ☒ N/A

Delivery Identifier

Municipality/Unorganized Township Toronto	Province Ontario	Country Canada	Postal Code M5H 2N3
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Statement of Proponent

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Name	Title
Derrick Toigo	Executive Director TE
Signature	Date (yyyy/mm/dd)
Derrick Toigo	28/02/2025

Derrick Toigo (Feb 28, 2025 15:12 EST)

Save Form

Print Form

Clear Form

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Toronto ON M4V 1P5
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- Please print or type all information clearly.

Proponent Information

Proponent Name (legal name of organization)
Toronto Transit Commission

Contact Person

Last Name Stewart		First Name Stephen	Middle Initial W
Telephone Number 416-892-4560 ext.	Fax Number	Email Address steve.stewart@ttc.ca	

Proponent Type

- ☒ Municipal
 ☐ Provincial
 ☐ Crown Corporation
 ☐ Federal
 ☐ Private Sector
 ☐ Other (describe) ►

Proponent Mailing Address

Civic Address

Unit Number	Street Number 1900	Street Name Yonge Street	PO Box
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Delivery Designator

- ☐ Rural Route
 ☐ Suburban Service
 ☐ Mobile Route
 ☐ General Delivery
 ☒ N/A

Delivery Identifier

Municipality/Unorganized Township Toronto	Province Ontario	Country Canada	Postal Code M4S 1Z2
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Statement of Proponent

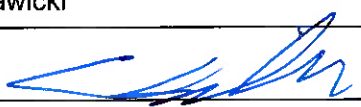
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Name	Title
Christopher Sawicki	Chief Project Manager
Signature	Date (yyyy/mm/dd)
	2024/09/25