



Notice of Project Number	
20eN549915	
For MLTSD Use Only	

The following Notice of Project is given pursuant to the Occupational Health and Safety Act (OHSA) under the Regulation for Construction Projects, made thereunder.

**Section A – Constructor Information**

Constructor Operating Name				Business Number 88978996RT0001	
Constructor Legal Name VBN PAVING LIMITED					
<b>Head Office Address</b>					
Unit Number 2	Street Number 385	Street Name Enford	Street Type	Street Direction (e.g. East)	
Route Type and Route Number		Other Address Text (PO Box, Care of Line, etc.)			
City/Town Richmond Hill		Province/State Ontario		Postal/Zip Code L4C3G2	Country CA
Telephone Number 905-780-8513 ext. 5		Fax Number 905-780-8518	Email Address		
Company Official Last Name Mazucco		Company Official First Name Nancy		Company Official Position or Title OFFICE ADMINISTRATOR	
WSIB Firm Number 585041		WSIB Account Number 8039488		WSIB Rate Group 711	

**Section B – Project Information**

<b>Project Address</b>					
Unit Number	Street Number	Street Name	Street Type	Street Direction (e.g. East)	
Route Type and Route Number		Lot, Plan and/or Location Description Various Locations within the City of Mississauga	GPS Coordinates (WGS 1984) Latitude Longitude		
City/Town Mississauga		County Peel	Province Ontario	Postal Code L5B2C9	Country CA
Project Start Date (yyyy/mm/dd) 2020/06/08		Project End Date (yyyy/mm/dd) 2020/11/30	Estimated Total Cost of Labour and Materials for the Project \$		
Supervisor of Project Last Name Ventrella		Supervisor of Project First Name Angelo		Project Telephone Number 905-615-3200 ext.	
Anticipated number of workers regularly on the project <input type="checkbox"/> 1-5 <input checked="" type="checkbox"/> 6-19 <input type="checkbox"/> 20-49 <input type="checkbox"/> 50 and over					
Type of Construction (Select <b>one</b> ) <input type="checkbox"/> New Construction <input type="checkbox"/> Renovation <input type="checkbox"/> Alteration <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Repair or Restoration					
Description of Project (Attach map of locations and/or boundaries if necessary) City of Mississauga - Contract # 17 111 20126A					

Is there an ice road being constructed for this project?  Yes  No

Have you received a list of designated substances located on this project? (Section 30 of the OHSA)  Yes  No

What designated substances may be used, handled or disturbed by work on the project?  
 Acrylonitrile  Arsenic  Asbestos  Benzene  Coke Oven Emissions  
 Ethylene Oxide  Isocyanates  Lead  Mercury  Silica  Vinyl Chloride

**Project Type** (Select **one** primary and as many secondary as applicable)

Residential Building	Primary	Secondary
Single-Family Housing (including detached, semi-detached homes/cottages)	<input type="checkbox"/>	<input type="checkbox"/>
Apartment and other Multiple Housing (including apartments, condos and townhouses)	<input type="checkbox"/>	<input type="checkbox"/>
High-Rise (10 storeys or more)	<input type="checkbox"/>	<input type="checkbox"/>
Medium-Rise (4 to 9 storeys)	<input type="checkbox"/>	<input type="checkbox"/>
Low-Rise (less than 4 storeys)	<input type="checkbox"/>	<input type="checkbox"/>
Wood Structure (4 to 6 storeys)	<input type="checkbox"/>	<input type="checkbox"/>
Buildings	Primary	Secondary
Commercial	<input type="checkbox"/>	<input type="checkbox"/>
Industrial	<input type="checkbox"/>	<input type="checkbox"/>
Institutional	<input type="checkbox"/>	<input type="checkbox"/>
Utilities	Primary	Secondary
Alternative Energies (solar/wind farm)	<input type="checkbox"/>	<input type="checkbox"/>
Cable	<input type="checkbox"/>	<input type="checkbox"/>
Electrical Towers/Transmission Lines	<input type="checkbox"/>	<input type="checkbox"/>
Gas	<input type="checkbox"/>	<input type="checkbox"/>
Hydro	<input type="checkbox"/>	<input type="checkbox"/>
Hydroelectric Power Plants and Related Structures (except transmission lines) includes dams, hydroelectric power, hydro-electric generating station	<input type="checkbox"/>	<input type="checkbox"/>
Pipeline	<input type="checkbox"/>	<input type="checkbox"/>
Telephone	<input type="checkbox"/>	<input type="checkbox"/>
Water/Sewer	<input type="checkbox"/>	<input type="checkbox"/>

Road	Primary	Secondary
Asphalt Paving	<input type="checkbox"/>	<input type="checkbox"/>
Bridge	<input type="checkbox"/>	<input type="checkbox"/>
Highway & Road Construction (including ice roads)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Additional Categories	Primary	Secondary
Asbestos Glove Bag Removals ≥ 1 sq m of insulation removal - Type 2	<input type="checkbox"/>	<input type="checkbox"/>
Asbestos Operation – Type 3	<input type="checkbox"/>	<input type="checkbox"/>
Caisson	<input type="checkbox"/>	<input type="checkbox"/>
Cofferdam	<input type="checkbox"/>	<input type="checkbox"/>
Excavation	<input type="checkbox"/>	<input type="checkbox"/>
Grading	<input type="checkbox"/>	<input type="checkbox"/>
Marine	<input type="checkbox"/>	<input type="checkbox"/>
Mining Plant	<input type="checkbox"/>	<input type="checkbox"/>
Moving of a Building/Structure	<input type="checkbox"/>	<input type="checkbox"/>
Railway	<input type="checkbox"/>	<input type="checkbox"/>
Shaft	<input type="checkbox"/>	<input type="checkbox"/>
Shipbuilding & Repair	<input type="checkbox"/>	<input type="checkbox"/>
Subway	<input type="checkbox"/>	<input type="checkbox"/>
Trench (meets section 6(1)(g)-(h) of 213/91)	<input type="checkbox"/>	<input type="checkbox"/>
Tunnel	<input type="checkbox"/>	<input type="checkbox"/>
Well Drilling	<input type="checkbox"/>	<input type="checkbox"/>

**Section C – Project Owner Information**

Owner Name Viola Management iNC.				Telephone Number 905-477-0700 ext.	
Unit Number	Street Number 2815	Street Name 14TH	Street Type Ave	Street Direction (e.g. East)	
Route Type and Route Number		Other Address Text (PO Box, Care of Line, etc.)			
City/Town Markham		Province/State Ontario		Postal/Zip Code L3R0H9	Country CA
Signature of Company Official (Constructor)			Date Signed (yyyy/mm/dd) 2020/06/23		