



## Notice of Project

The Occupational Health and Safety Act

Notice of Project Number	25eN822383
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 877965327
Constructor Legal Name MIMICO GROUP INC.			
<b>Head Office Address</b>			
Unit Number 2	Street Number 3151	Street Name WOLFEDALE	Street Type
Route Type and Route Number		Other Address Text (PO Box, Care of Line, etc.)	
City/Town Mississauga		Province/State Ontario	Postal/Zip Code L5C1V8
Telephone Number 905-276-9599	Fax Number ext. 905-275-4509	Email Address	
Company Official Last Name PEREIRA		Company Official First Name MELISSA	Company Official Position or Title CONTROLLER
WSIB Firm Number 635370		WSIB Account Number 8767130	WSIB Rate Group G1-236220

### Section B – Project Information

<b>Project Address</b>			
Unit Number 500	Street Number DUPONT	Street Type St	
Route Type and Route Number		Lot, Plan and/or Location Description	
		GPS Coordinates (WGS 1984) Latitude	
		Longitude	
City/Town Toronto		County Toronto	
Project Start Date (yyyy/mm/dd) 2025/09/15		Project End Date (yyyy/mm/dd) 2025/12/31	
		Estimated Total Cost of Labour and Materials for the Project \$	
Supervisor of Project Last Name PEREIRA		Supervisor of Project First Name BRANDON	
		Project Telephone Number 647-406-5340	
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 one)		<input type="checkbox"/> New Construction <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Alteration <input type="checkbox"/> Demolition <input type="checkbox"/> Repair or Restoration	
Description of Project (Attach map of locations and/or boundaries if necessary) Addition of McDonald's #41566 in existing unit.			

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)

<b>Residential Building</b>		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)			
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"/>
<b>Buildings</b>		Primary	Secondary
Commercial		<input checked="" type="checkbox"/>	<input type="checkbox"/>
Industrial		<input type="checkbox"/>	<input type="checkbox"/>
Institutional		<input type="checkbox"/>	<input type="checkbox"/>
<b>Utilities</b>		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 type="checkbox"/>	<input type="checkbox"/>
<b>Additional Categories</b>	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 MCDONALD'S RESTAURANTS OF CANADA LIMITED			Telephone Number ext.
Unit Number 1	Street Number 1	Street Name MCDONALD'S	Street Type Pl
Route Type and Route Number		Other Address Text (PO Box, Care of Line, etc.)	
City/Town Toronto		Province/State Ontario	Postal/Zip Code M3C 2L4
Signature of Company Official (Constructor) <i>Melissa Pereira</i>		Date Signed (yyyy/mm/dd) 2025/09/08	