

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

- 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.
- 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
- If additional space is needed, please attach a separate sheet.
- Please print or type all information clearly.

Proponent Information

Proponent Name (legal name of individual or organization)

[Metrolinx](#)

Contact Person

Last Name Foster	First Name Pam	Middle Initial
Telephone Number (416) 202-0528 ext.	Fax Number	Email Address Pam.Foster@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

[Attach File\(s\)](#)
[Remove File\(s\)](#)
[View File\(s\)](#)

Proponent Mailing Address

Civic Address

Unit Number	Street Number 10	Street Name Bay 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 M5J2W3
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Project Information

Project Name

Grimsby GO Station

If project is a building, complete A. If project is a linear facility, complete B.

A. Building

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)

Non Address Information (includes any additional information to clarify client's physical site location)

The project is located in the Town of Grimsby along the Canadian National Railway (CN) corridor within the Grimsby Subdivision, between Confederation GO Station in Hamilton and St. Catharines GO Station.

B. Linear Facility

Brief Project Description

The Project includes all components required to support a new multi-modal transit facility, including permanent station infrastructure, temporary construction works, access and road modifications, and utility relocations.

Date Notice of Commencement distributed (yyyy/mm/dd) (date of first publication)

2026/03/06

Date Notice of Completion of Environmental Project Report given (yyyy/mm/dd) (date of first publication)

2026/05/15

Date Minister's Notice given (yyyy/mm/dd)

2026/06/22

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)

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	Street Number	Street Name	PO Box
Municipality/Unorganized Township	Province	Country	Postal Code

 Survey Address

Lot	Concession	Part	Reference Plan
Municipality/Unorganized Township	Province	Country	Postal Code

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 Corrigan	First Name Dara	Middle Initial
Telephone Number (416) 357-6123 ext.	Email Address Dara.Corrigan@metrolinx.com	Website containing project documentation https://www.niagararegion.ca/transportatio

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 Pamela Foster	Title Director
Signature 	Date (yyyy/mm/dd) 2026/06/22

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