

The Corporation of the City of Kawartha Lakes

Council Report

Report Number BP 2016-003

Date: December 13, 2016

Time: 2:00 p.m.

Place: Council Chambers

Ward Community Identifier: Ward 2

Subject: Coboconk Medical Centre – Building Issues

Author/Title: Jörg Petersen, Manager Building and Property

Signature:

*Craig Shanker
on behalf of
Jörg Petersen*

Recommendation(s):

RESOLVED THAT Report “BP 2016-003 Coboconk Medical Centre – Building Issues” be received; and,

THAT staff be directed to bring back a report in 2017 for Council with options for consideration on the future of the Coboconk Medical Centre to be incorporated into the 2018 Capital Budget.

Department Head:

Corporate Services Director / Other:

Chief Administrative Officer:

[Handwritten signatures in black and blue ink over horizontal lines]

Background:

The Medical Centre was constructed in 1974. It is located at 21 Grandy Road in Coboconk. The building was designed and constructed by the then Township of Bexley, as a purpose-built medical centre. It has been continuously occupied as a medical centre since it was constructed. Building space comprises two floors with a total of 4,396 sf. Of that the medical services occupy about 3,200 sf (including basement storage space). Occupancy is as follows:

- Medical Centre (Dr. Warsi). Practice that is open 5 days a week.
- Dental Clinic (Dr. Chung). Practice functions every second Saturday.
- Some small storage space for community groups.

The above are the only medical service providers in the community. The building space was intended to attract and retain medical practitioners to the community and surrounding area. The existing lease has expired and as a result the current arrangements for the building space is without any formal lease agreement. Dr. Warsi has been practicing at this location since 1992, and Dr. Chung has been practicing there since 2003.

Dr. Warsi's practice has two staff. The practice provides a range of services to over 3,000 patients including:

- General practice and family medical care.
- Diabetic clinic.
- Lab services.

Dr. Chung's practice provides general dental service to over 500 patients.

Operation and maintenance of the building is carried out by the Building and Property Division of the Community Services Department. That includes all services and occupancy costs, excepting the costs for propane and phone service, which is paid by Dr. Warsi. There have previously been lease agreements in place for these occupancies. Those agreements are lapsed. Operation of the medical centre is supported by the Coboconk Medical Centre Trust, an independent community-based organization. That organization funds the equipment and supplies. Operation of the dental clinic is funded entirely by Dr. Chung. All dental equipment and supplies at the clinic are provided by Dr. Chung.

The City currently funds the Victorian Order of Nurses (VON) annually, which in turn funds the practice of Nurse Practitioners in City-owned sites in Kirkfield, Lindsay and Bethany.

To advance the initiative of doctor recruitment, the City pays the Kawartha Lakes Health Care Initiative (KLHCI) operating funding each year to support their recruiter position (based out of the hospital). The City's Doctor Recruitment Reserve funds recruitment incentives through KLHCI.

Community Services staff identified a problem with the brick veneer at the rear of the building on September 9, 2016 as part of a routine maintenance check. A follow up inspection determined that the brick was coming away from the wall. It was determined that the cause was likely structural in nature. Action was taken to secure the area from hazard of falling brick and arrangements were made to have the building inspected by a structural engineer.

AMR Engineering Limited was retained. Examination was done by a staged approach of opening up the wall in an effort to avoid more significant structural failure. AMT engineering attended the site a number of times through this process to document the condition in relation to the construction drawings and other City records. Examination confirmed the building suffers from a structural problem that is caused by shortcomings in the original design and construction of the building. These shortcomings undermined structural integrity creating a condition where the load causes a force to tilt the wall out of alignment. The shortcomings also caused moisture to build up in the wall. Over time these two shortcomings caused gradual movement of the wall, failure of the metal ties that bind the brick and block together and a cracking of the mortar joints and masonry units. The effect of this has been gradual over the life of the building and is now at a point where the metal ties have sufficiently broken away leaving the wall buckled and the brick veneer has pulled away from the wall. Examination of the building indicates that the worst effect is experienced along the rear/south wall of the building. However the other exterior walls of the building suffer from the same design/construction shortcomings. Each wall is showing effects from this, the front/north wall in particular.

The condition is serious enough to pose a hazard for occupant safety. To address the more immediate concerns shoring has been installed to take up some of the loading on the exterior walls. This was done by installing heavy gauge steel posts along the interior of the building walls. This action necessitated some rearrangement of the medical centre layout. The shoring that has been installed is a temporary measure only. It is not a solution for the structural problem. And, as necessary as it is, the posts and associated spread footings pose a trip hazard inside the space.

Community Services staff issued a letter to inform building occupants and users about the issue and advise that the City is reviewing how to best resolve the problem. Staff have had brief discussion with both Dr. Warsi and Dr. Chung.

Staff also provided to Council a Capital Project submission for consideration by Council for a permanent building solution, and other potential options, for the Coboconk Medical Centre. This report has been provided to allow Council more detail on the concern and current situation/status of the facility.

Rationale:

The final report from AMR Engineering (Appendix A) advised that the structural integrity of the building is compromised to the extent that it recommends "...the building be vacated immediately and remain vacated until all remedial works have been completed". Concurrent to the engineering review staff also sought advice from the City's Insurer, Frank Cowan Company (Appendix B). The Insurer recommended that an "...alternative location for the medical centre be pursued immediately", and further that otherwise continuing to operate from the existing building "...will increase liability exposure ... and potentially impact [insurance] coverage".

Community Services staff have investigated and is pursuing action to relocate medical operations to a temporary facility and close the existing building. This action will be treated as an Emergency Procurement considering the conclusions of the engineering and insurance/risk management reports. As per the approval of the City's 2017 Budget, these arrangements are being made to install a temporary facility in the parking lot adjacent to the existing building. This facility will provide interim accommodation for the medical centre and dental clinic while the City reviews its approach to providing space for commercial businesses in general, and medical centres more specifically. It is felt that the medical services can be accommodated in less space than presently being provided. The temporary facility will provide about 2,100 sf.

It is understood that a final decision on the provision and method of provision of a municipal Coboconk Medical Centre is pending the report in Q1 2017 from Legal/Realty Services on 3rd Party Leases. Pending the results of that report Community Services staff will then prepare a follow-up report on costing options for the future of the Coboconk Medical Centre which will inform the 2018 City Capital Budget submission.

Other Alternatives Considered:

A review of building space available in the Coboconk area for use as a temporary space solution was conducted. No suitable space was found to be available without committing to significant investment. An investigation of potential space outside of Coboconk was also reviewed but it was deemed, that at least in the short-term, this would not be a suitable alternative for either the medical services providers or their clientele. For that reason current action to provide a temporary facility is being investigated using a portable modular building solution. This has been determined to be the best short-term cost solution. It is proposed that this temporary facility be in place for as long as required until the City determines how to proceed with 3rd party leases in our facilities, and specifically the provision of City building space to medical practitioners.

As previously mentioned, a separate report to Council is pending from Realty Services to review whether and how the City should continue to provide building space accommodation for commercial businesses/medical centres in City-owned

buildings. That report is slated for Q1 2017 and should set policy that will have a bearing on the approach for Coboconk.

Once direction concerning a City policy to guide the provision of accommodation for commercial businesses/medical centres is provided, and assuming building space for Coboconk is included in that, it will be necessary to have already completed a review of the cost feasibility of building options. For that purpose staff have done some initial legwork on costing and propose to carry out a more detailed review of the following options to determine which can provide the right solution in the most cost-effective manner.

The options proposed for review of a possible permanent solution for the Coboconk Medical Centre are (in no particular order of preference):

1. Restore/repair the existing medical centre building.
2. Construct a new building at the existing location.
3. Investigate feasibility to relocate the services to another city-owned building at another community outside of Coboconk.
4. Investigate feasibility to acquire privately-owned building within the Coboconk area to be configured for the medical services (lease or purchase).

It is also recognized that the City may choose to not provide the services of building space in a municipal facility for the Coboconk Medical Centre and rather have it located in a privately owned building.

Financial Considerations:

For the purposes of this report, as a "For Information Report", there are no financial implications. Council has endorsed a 2017 Operating Budget item to allow staff to proceed with the installation of a temporary facility that will house the Coboconk Medical Centre operations for 2017.

A very preliminary review of estimate of costs for the provision of a permanent building solution for the Coboconk Medical Centre was previously submitted to Council as part of the 2017 Budget and Business Plan submission on November 15th. This Council report has been authored to provide Council further information and background of the item. A follow-up report will be brought to Council in 2017 for assistance with forming the 2018 Capital Budget with a costing analysis on the various options.

The estimated costs associated with provision of the temporary facility for a 12 month period is \$ 74,301. (not including taxes). Depending on the direction the City takes on both this specific item, Coboconk Medical Centre, and the larger 3rd Party Tenant item, that timeframe may/could be shortened or lengthened. The breakdown for these costs is as follows:

Cost Items		Estimated Cost	Note
T1	Delivery and Installation and Set-Up of Building	\$ 23,484.00	Includes; Temporary water/waste water holding tanks and equipment.
T2	Monthly Rent	\$ 2,600.00 / Month	
T3	Dismantle, Remove from Site and Return	\$ 14,117.00	
T4	Electrical Service	\$ 3,000.00	Estimated
T5	Permits	N/A	
T6	Contingencies	\$2,500.00	

It would be anticipated that the review of the cost feasibility of a permanent building option for the Coboconk Medical Centre, if Council supports such action, would have a cost associated with it. This review would provide full costing assessments on the four (4) options and a comparative analysis.

Relationship of Recommendation(s) To The 2016-2019 Strategic Plan:

This report speaks to the City's Strategic Plan in two important aspects:

- It supports the Goal of An Exceptional Quality of Life by supporting a key priority of Access to Community and Human/Health Services.
- It supports a key enabler of the Strategic Plan to have Well Managed and Maintained Assets that will make possible Efficient Infrastructure and Asset Management.

Review of Accessibility Implications of Any Development or Policy:

A review by Legal/Realty Services of City Policy regarding the provision of building space for occupancy by third parties, including space for medical service providers is pending. This will have implications for deciding the provision of building space, not just for the Coboconk Medical Centre, but for all relationships the City has with medical practitioners that utilize City building space.

Servicing Comments:

N/A

Consultations:

Insurance and Risk Management Division
Legal/Realty Services Division
Human Services Department
Building Services Division
Communications Division

Attachments:

1. Report from **AMR Engineering Limited** Structural Engineers



1762-20161111-LTR-
COBOCONK MEDICAL

2. Report from **Frank Cowan Company** (Insurance and Risk Management)



City of Kawartha
Lakes - Coboconk Me

Department Head: **Craig Shanks**
Phone: **(705)324-9411 ext 1304**
E-Mail: **cshanks@city.kawarthalakes.on.ca**



November 11, 2016

AMR Project No.: 16-1762

Wilcox Architects Inc.
74 Lindsay Street South
Lindsay, Ontario
K9V 2M2

Attention: Mr. Glenn Wilcox

RE: Coboconk Medical Centre
Structural Assessment Report No. 3

1.0 Introduction

AMR Engineering Limited carried out a follow up visit of the structure at 21 Grandy Road (Coboconk Medical Centre) in Coboconk, Ontario on October 31, 2016 to perform a visual structural review of the existing south block wall and lintels after at certain locations along the south wall face bricks were removed as per recommendations from our second report dated October 20, 2016. As requested, the purpose of the review was to assess the condition and structural stability of the south exterior wall and make recommendations on any immediate remedial work required. This review was made on random sampling basis with no attempt to review or inspect every element or portion of the building.

2.0 Field Observations

Approximately 2'-0" wide strips of exterior face bricks and rigid insulation were removed on two sides of the south-west window (consultation room #9) exposing the existing 10" block wall above the window and 6" block wall below as recommended on our second report dated October 20, 2016 (Picture #1). Adjustable jacks at two ends of window bearing on foundation wall have been provided to support the 10" block wall above (Picture #2).

As previously described, exterior above grade perimeter walls of the building are cavity walls from ground floor to ceiling height. Cavity wall construction consists of 6" block and 4" brick wythes with 1" thick rigid insulation and 1" air space. 10" concrete block is built above the cavity wall with outside face of block flush with outside face of brick and

rigid insulation on interior face. Metal cladding band has been provided all around on outside face at top.

Similarly as in the areas that were previously exposed cross ties are severely corroded, elongated and have broken free from longitudinal rod in brick face (Picture #3). The existing 10" block wall above the windows that has been exposed has noticeable cracks close to the hinge location at the bottom (Picture #4). At the interior face of the hinge location there is an approximately 1" gap between the 6" block wall and the 10" block wall (Picture #5). 10" block wall and lintels above the windows appear to have turned as the bottom portion has moved outward. Lintel above the window does not have proper bearing at both ends.

Interior temporary shoring along north and south elevations has been installed and is in general accordance with details provided in our sketches dated October 20 and 25, 2016 (Pictures #6, 7)

3.0 Discussions, Conclusions and Recommendations

The observations described in Section 2.0 confirm our previous concerns that the inner wythe (6" block) of the south cavity wall may also be damaged due to movement of exterior brick.

As previously noted interior 6" block has undergone some movement as evident from opening up of vertical joints on inside between south wall and 4 block partitions walls butting perpendicular to the wall. The face brick pulling appears to have pulled out interior block wythe at some locations where cross ties are still effective (Photo #8). The 6" interior block wall is on average approximately 1/2" out of plumb at the hinge location where it changes from cavity wall to 10" block wall.

Existing structural and architectural details of exterior walls show that cavity wall construction stops about four block courses below underside of roof deck. At this location the cavity wall construction changes to 10" thick block masonry wall on which roof joists are supported. 10" block straddles over the cavity and is supported on brick and partially on 6" block. This creates a hinge condition in the wall construction. The 10" block wall appears to have twisted due to the movement of the 6" block wall below. This can be observed through the gap that has been created at the hinge location. The top two courses of the 10" block wall appear to be in good condition.

Although movement of 6" and 10" block appears to be significantly less than movement of face brick adjacent to windows, the existing 6" back-up block has experienced

considerable movement and has developed some cracks. In our opinion structural integrity of 6" block wall has been compromised. We recommend that existing block back-up wall should be removed along with the exterior bricks and new 10" block wall shall be constructed. We recommend that top two courses of 10" block wall shall remain in place and new wall below shall be constructed with 10" blocks. Rigid insulation with vapour barrier and metal siding finish can be provided on exterior face of the block. All repair work shall be carried out in small panel widths.

Remedial work will be required at all exterior walls. The work can be carried out in stages to accommodate fiscal restraints. Based on severity of damages and load bearing conditions we propose the following sequence of work;

1. Leave temporary hoarding as required to provide safe access to all entrances to basement on south side of the building. Temporary hoarding is to remain in place until all repair work on south wall has been completed.
2. Leave temporary safety barricade all around south side of the building to prevent any public access adjacent to the building. Temporary barricade is to remain in place until all repair work on south wall has been completed.
3. Leave temporary shoring of roof structure along north and south sides in place.
4. Repair entire south wall first.
 - Remedial work of wall shall be carried out in small panel widths of 4'-8" maximum.
 - Remove metal cladding band at top of wall.
 - Remove two face bricks and one horizontal course of 6" block full height and saw cut 2 vertical courses of existing 10" block at each end of the panel to be repaired.
 - Provide adjustable jacks at each end bearing on existing foundation/basement wall to support two courses of existing 10" block wall above.
 - Remove remainder of face bricks and rigid insulation between jacks.
 - Remove block back-up wall up to underside of second block course from the top.
 - Construct new 10" block wall to underside of existing wall with proper masonry bonds and blok-lok reinforcement at every second course.
 - After panels on either side of jacks are repaired remove jacks and construct remainder of 10" block wall with proper masonry bond on both sides.
5. Repair entire north wall as outlined in item #4.

6. Repair entire east wall as outlined in item #4.

7. Repair entire west wall as outlined in item #4.

We recommend that based on present conditions step #4 shall be carried out within the next 6 to 8 months as south wall appears to be in a critical condition. In our opinion during this winter season the wall will undergo a few more freezing and thawing cycles and will continue to deteriorate further.

Steps #5 to #7 can be carried out in phases within next 18 to 24 months which is again based on present conditions. We recommend that periodic inspection of all exterior walls until all repair work is completed should be carried out monthly to monitor conditions.

Existing building at present is a medical centre which is still in operation. It shall be noted and clearly understood that our review of the systems and proposed remedial work does not include a review of the safety aspects of the installation as this falls under the Jurisdiction of the Governing Authorities and Occupational Health and Safety Act.

Although, temporary shoring of roof joists is in place along south and north wall as previously recommended, the building structure in its present state is still a structural hazard. Due to broken and deteriorated ties between brick and block wythes, the load carrying capacity of the cavity wall has been compromised.

Also, temporary jacks and sleepers on the floor inside the building create additional hazards to the occupants.

Temporary jacks have been installed in order to relieve the existing wall from dead and live loads from the roof. The temporary shoring posts have been designed to carry the maximum roof snow load and dead load of roof as per Ontario Building Code.

The existing south wall capacity to resist wind or earthquake loads in and out of plane has also been compromised due to the fact that the brick and block wythes are not tied together anymore in some sections. In our opinion the wall in its present state is not adequate to support wind loads perpendicular to wall in accordance with OBC at these locations. As the walls go through more freezing and thawing cycles more ties may become stretched and broken and the lateral load capacity of the wall will further reduce. Temporary bracing of exterior walls all around for lateral loads is not feasible. Periodic monthly inspections will help us monitor the extent of further deterioration of the walls and reassess time period for remedial works.

On the basis of above we recommend that building shall be vacated immediately and shall remain vacated until all remedial works have been completed.

It shall also be noted and clearly understood that the recommended remedial works presented in this report are to restore the building to its original design intent and not upgrade it to meet the current Ontario Building Code 2012.

4.0 Limits of Liability

The review of this property was of a visual nature only. This inspection was made on a random basis with no attempt to review or inspect every element or portion of the structure. The intent of the inspection was to determine areas of visually obvious deterioration and need for repair and to determine, in a general way, the overall quality and sufficiency of the work inspected but not to ascertain the quality of sufficiency of any particular aspect of the structure. No calculations were performed to confirm the adequacy of any of the elements reviewed.

Our review of the systems did not include a review of the safety aspects of the installation as this falls under the Jurisdiction of the Governing Authorities. In addition, testing of the building materials for Occupational Health and Safety or substance of potential environmental concern was not conducted.

This report is intended to provide the client with a general description of the systems employed in the structure and to comment on their general condition, which may be apparent at the time of our inspection. The intent is to give the client recommendations on any immediate repairs required.

The contents of this report may not be quoted in whole or in part or distributed to any person or entity other than the Client. AMR Engineering Ltd. accepts no responsibility for damages, if any, suffered by any third party as a result of decisions made or actions based on this report.

Thank you for selecting AMR Engineering Ltd. for this project. AMR would be pleased to assist you with the implementation of our recommendations. Should you have any questions or concerns, please do not hesitate to contact this office.

We trust this meets your present requirements. If you have any questions please do not hesitate to contact the writer.

Sincerely,
AMR Engineering Limited



Denis Kotobelli, MEng, P.Eng., LEED® AP BD+C
Partner

Reviewed by:



Mohan Gursahani, P.Eng.
President

**Appendix "A" – Photographs
(Pages 7-11)**



Photo #1 – Exposed 10" block above window



Photo #2 – Removed brick adjacent to the window



Photo #3 – Portion of brick tie perpendicular to the wall



Photo #4 – Cracks at 10" block wall above the window



Photo #5 – Gap between 10" and 6" block wall

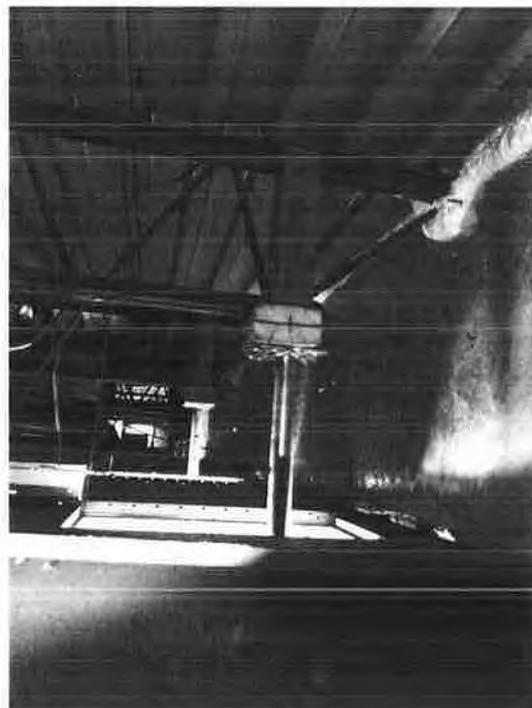


Photo #6 – Temporary shoring along north side



Photo #7 – Temporary shoring along south side



Photo #8 – Gap between interior partition wall and exterior south wall



November 15, 2016

Attention: Jorg Petersen - Division Manager Building and Property Division

City of Kawartha Lakes
P.O. Box 9000, 26 Francis Street
Lindsay, ON K9V 5R8

Re: Coboconk Medical Centre

Good Day Jorg,

On Wednesday November 9th 2016 we were asked to attend a site meeting at the Coboconk Medical Centre located at 21 Grandy Road in Coboconk, Ontario with Jolene Ramsay and Jorg Petersen from the City of Kawartha Lakes.

The purpose of our site meeting was to review the current condition of the Coboconk Medical Centre building and provide any recommendations based upon our observations. We were provided with the original construction drawings prepared by Grant Robertson Architects and Structural Assessment Reports 1 – 3 dated September 30, 2016, October 20, 2016 and November 11, 2016 prepared by AMR Engineering Limited.

Each of the above mentioned reports details the exact condition and the resulting damages that have occurred to the building. Essentially the brick veneer materials have pulled away from the building structure as a result of the cavity wall construction and water infiltration resulting in the deterioration and corrosion of the brick ties. The brick veneer can move independently from the remainder of the structure without the brick ties in place. The forces applied on the exterior wall from movement of the brick veneer materials has weakened and pulled the hollow concrete block wall out of its correct vertical position weakening the exterior walls and the roof structure.

During our site inspection we walked through the ground floor, the basement and the exterior of the building. The ground floor has the only Medical Clinic in the Coboconk Area and it is considered to be very busy. The basement has a local dental clinic that operates only two to three times per month.

As part of our walk through of the building we were shown the work that has been completed on the building to date as per AMR Engineering Limited recommendations. This work includes the installation of hoarding and a barrier on the south side of the building to facilitate the contractors work and protect the public from any falling bricks or debris. The contractor has removed sections of the brick on the south side of the building, these areas have since been closed in with plywood following the investigative work. Exterior bracing / shoring has been installed along the south wall to stabilize the exterior brick veneer. Internal to the building temporary jacks have been installed along the length of the south and north walls as means of alleviating some of the load off of the exterior cavity walls and the roof structure. The temporary jacks are installed in patient treatment rooms, the front vestibule and main waiting room. While the temporary jacks are positioned close to the exterior walls they still present a hazard to the users of the Medical Clinic. The Medical Clinic has relocated their medical equipment within the treatment rooms, the acoustical drop ceiling has been removed in numerous locations to facilitate the installation of the temporary jacks resulting in a less than hygienic and professional atmosphere for their patients.

Built with integrity, leading through innovation.

Frank Cowan Company Limited
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Referring to the AMR Engineering's report dated November 11, 2016 – Page 4 – the following provides a detailed description of their assessment of the structure and their future recommendations

- "The building structure in its present state is still a structural hazard. Due to broken and deteriorated ties between the brick and block wythes, the load carrying capacity of the cavity wall has been compromised".
- "The wall in its present state is not adequate to support wind loads perpendicular to the wall in accordance with the OBC at these locations".
- "As the walls go through more freezing and thawing cycles more ties may become stretched and broken and the lateral load capacity of the wall will be further reduced".
- "On the basis of the above we recommend that the building shall be vacated immediately and shall remain vacated until all remedial works have been completed".

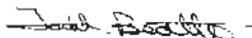
Again referring to the AMR Engineering report on Pages 3 & 4 specific timelines have been provided on when repairs to the building should be completed starting with the south wall reconstruction within six (6) to eight (8) months, with the north, east and west walls being completed within eighteen (18) to twenty four (24) months. Winter weather and colder temperatures are approaching quickly and this could be potentially detrimental to the building structure as stated in above reference report.

Our recommendations and comments are as follows:

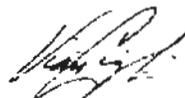
- To comply with the recommendations made in the report issued by AMR Engineering. This would include taking any and all necessary measures to safeguard all occupants, patients and the general public from any and all hazards that may be present within and exterior to the building.
- By allowing this facility to continue to operate with full knowledge of the structural hazards will only increase the City of Kawartha Lakes liability exposure and could potentially impact any coverage review with the City's insurer should a claim arise.
- In the event of a serious claim during operating hours for the medical and dental clinic, our defense would be severely compromised based on the recommendations made in the engineering report. The severity of this type of claim would most likely lead to a large claim settlement which in turn would drive the cost of the City's Insurance Program considerably higher. The City would also be responsible for their \$100,000 Municipal Liability deductible.
- If a claim should arise; and the insured has not complied with the recommendations in the detailed engineering report, it could significantly implicate the City in a claim for punitive damages, which are typically not covered by insurance policies. Punitive damages are damages exceeding simple compensation and awarded to punish the defendant.
- We recommend that alternative locations for the Medical Clinic be pursued immediately to eliminate operations at this building.

We understand the medical clinic is very important and is considered essential for the local residents but we would not recommend operations are continued within this building based on its current condition.

Respectfully,



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