

To: Development Services Committee

From: Paul D. Ralph, BES, RPP, MCIP, Commissioner,
Development Services Department

Report Number: DS-18-67

Date of Report: March 22, 2018

Date of Meeting: March 26, 2018

Subject: Zoning Review for Supervised Injection Sites

File: B-3200-1406

1.0 Purpose

The purpose of this report is to respond to the following August 22, 2017 Development Services Committee direction:

“Whereas the Federal Government is working towards streamlining the approval process for the creation of safe injection sites; and,

Whereas it is appropriate for the City of Oshawa to undertake a zoning review related to safe injection sites;

Therefore, staff be directed to undertake a zoning review related to safe injection sites in the City of Oshawa and report back to the Development Services Committee at an upcoming meeting.”

Supervised Injection Sites (S.I.S.) are locations where individuals take pre-obtained illicit drugs and inject them in a clean and supervised environment staffed by a health care professional. S.I.S. are intended to help a vulnerable sector of our population.

Attachment 1 is a map showing the locations of existing larger medical clinics in the city.

Attachment 2 is Schedule “G” of Zoning By-law 60-94 showing the location of the main shopping and pedestrian streets in the Central Business District Zones.

2.0 Recommendation

That the Development Services Committee recommend to City Council:

1. That, pursuant to Report DS-18-67 dated March 22, 2018, the Region of Durham Health Department be requested to make a presentation to City Council to provide an update on the Region-wide opioid response exercise.

2. That, pursuant to Report DS-18-67 dated March 22, 2018, the Region of Durham Health Department be requested to initiate a public consultation process, with input from the City, Durham Regional Police, Durham Region Emergency Medical Services, Lakeridge Health and other community organizations to discuss the Region-wide opioid response, including education, types of Supervised Injection Site services, including Overdose Prevention Sites, and possible locations.
3. That a copy of Report DS-18-67 and related Council resolution be sent to the Region of Durham and the Commissioner and Medical Officer of Health for the Region of Durham.

3.0 Executive Summary

Drug and substance use is an important public health issue that has come to the fore in recent years with the emergence of the ongoing opioid crisis resulting in numerous health and social impacts.

Based on staff's research, existing permanent Supervised Injection Sites in other municipalities are operated by the Public Health Department.

Given the broad scope of the issue the Region of Durham Health Department should take a lead role in establishing a Region-wide strategy to address the opioid crisis with input from the local municipalities and other stakeholders (e.g. those that would use the supervised injection service, residents, businesses, community organizations). The Health Department's approach must include a public education and consultation process to gather input from the community on the topic, including if Supervised Injection Sites should be considered in the Region, the types of Supervised Injection Sites, including Overdose Prevention Sites, that would be preferred and possible locations.

City staff believe that Supervised Injection Sites should be in locations that offer a range of medical services (e.g. nursing, doctors, counselling, etc.) and are appropriately staffed by qualified professionals.

If the Regional Health Department operates a Supervised Injection Site, then it may be permitted anywhere in the City under the Public Use provisions of the Zoning By-law.

Staff are not aware of any private sector organization including community based organization that is willing to operate a permanent Supervised Injection Site in the City at this time.

4.0 Input From Other Sources

4.1 Internal Departments

The City Manager, Director of Municipal Law Enforcement and Licensing Services, the Commissioner of Community Services and the City Solicitor were consulted during the preparation of this Report.

4.2 External Departments and Agencies

As part of the background research on this matter City staff have met with various community stakeholders to gather information on the issue of S.I.S. To date, staff have consulted with representatives from:

- John Howard Society
- Lakeridge Health (Pinewood Centre)
- Oshawa Clinic Group which includes the Oshawa Clinic and Taunton Health Centre
- Region of Durham Health Department
- Durham Region Emergency Medical Services (D.R.E.M.S.)
- Durham Regional Police Service (D.R.P.S.)
- Providence Health Care – St. Paul's Hospital, Vancouver

Other local private local health clinics (i.e. Glazier Medical Centre, North Oshawa Health Centre) were contacted but City staff have not yet had discussions with their representatives. In the discussions held to date, there has not been any interest from the private sector in establishing permanent S.I.S. in their facilities.

Key items resulting from the stakeholder discussions are as follows:

- Stakeholders are generally supportive of S.I.S. as a tool to assist in addressing issues with the ongoing opioid crisis by creating safe locations for affected individuals to use illicit substances. The establishment of S.I.S. would:
 - Provide clean equipment to help protect against certain diseases;
 - Allow for the safe disposal of equipment through on-site needle exchange programs;
 - Allow for immediate medical care in the event of an overdose; and
 - Potentially help direct people to treatment programs and support services to address addictions, mental health and other medical issues if desired.
- If zoning regulations are proposed to restrict S.I.S., consideration should be given to areas with existing populations with a higher rate of substance use since clients will not use a facility if it is located too far from where they reside.
- The primary area of concern in Oshawa is the downtown area, including Memorial Park where a needle exchange box is currently located.
- Generally, a fixed-integrated service model is preferred. A fixed-integrated service model is a facility that is part of a broader health and/or social service centre where other services such as general medical services, counselling services, social services, etc. are located.
- S.I.S. should be located away from daycare centres, schools and parks. However, if there are known issues in a particular location (i.e. park), consideration should be given

to the possibility of locating an S.I.S. nearby but in a location far enough away so as to not impact park users but close enough to draw substance users away from the park.

- Visibility of S.I.S. should be limited so that they do not attract attention for either the public or clients.
- Based on the limited information available on existing S.I.S. sites in Canada, an increase in illegal activities in the vicinity of S.I.S. are not expected.
- S.I.S. are not anticipated to have a noticeable impact on the surrounding area since equipment (i.e. syringes) would be contained and disposed of in the facility and users are held for observation for a time after consumption.

City staff had the opportunity to discuss the topic of S.I.S. with the Director of Urban Health, Indigenous Health and Substance Use from Providence Health Care – St. Paul's Hospital in Vancouver who operate the Crosstown Clinic which is an S.I.S. facility in Vancouver. Their experience has shown that the Crosstown site has had a positive impact in the community such as less overdoses, less discarded needles and less criminal activity within a five block radius of the S.I.S. facility. The facility has strong community relations in the area which can be attributed to public education and keeping people informed. The facility is the only medical centre in Canada that supplies patients with medical-grade heroin and is working to expand its program to offer clients injectable opioids such as hydromorphone and pharmaceutical-grade heroin. It was also noted in the discussion that S.I.S. are typically provided by public health organizations as there is no financial gain to be made by the private sector in performing this service unlike methadone clinics.

5.0 Analysis

5.1 Background

Development Services staff undertook a broad literature review related to S.I.S.

Drug and substance use is an important public health issue that has come to the fore in recent years with the emergence of the ongoing opioid crisis. Health and social impacts of substance use include death from overdose, inability to work, family disruption and grief, crime, mental illness and addictions, unstable housing, degradation of public spaces and concerns about public safety. Impacts of injection drug use include the spread of infectious diseases such as hepatitis C virus (H.C.V.) and human immunodeficiency virus (H.I.V.) and the production of injection litter in the community.

One of the primary issues surrounding the present opioid crisis is the increasing use of fentanyl. Fentanyl is a synthetic opiate that is generally 50 to 100 times more powerful than morphine. The inclusion of fentanyl in a variety of illicit substances such as heroin has become more prevalent in recent years. This has led to an increase in overdoses and deaths due to users being unaware of the presence of fentanyl or users chasing a stronger high from the more powerful substance.

S.I.S. are locations where individuals take pre-obtained illicit drugs and inject them in a clean and supervised environment staffed by a health care professional. Staff at S.I.S. are

able to respond quickly and effectively to overdoses and can link injection drug users to other health and social services if desired. As a harm reduction measure, S.I.S. do not require the cessation of injection drug use but work to minimize the risks associated with injection drug use. In some cases, there may be an opportunity to refer people to drug treatment programs in an effort to encourage them to discontinue or reduce using a drug.

5.2 Federal Government

Permission for S.I.S. is governed under the Federal Government's Controlled Drugs and Substances Act (C.D.S.A.) due to the use of illicit substances on the premises. Those wishing to operate an S.I.S. in Canada must first obtain an exemption from the C.D.S.A.

On May 18, 2017 the Federal Government's Bill C-37 received Royal Assent amending the C.D.S.A. and other related acts, to better equip both healthcare and law enforcement officials to reduce the harms associated with drug and substance use in Canada.

A key component of Bill C-37 was to streamline the application process for communities who wish to open S.I.S. for medical purposes while ensuring that community consultation continues to be an integral part of the process.

More specifically, the components contained on the application form for an exemption from the C.D.S.A. to permit an S.I.S. are as follows:

1. Applicant Statement
2. Applicant Information
3. Proposed Site Description
4. Local Conditions
5. Policies and Procedures
6. Personnel
7. Consultation Report and Letter
8. Financial Plan

Component 7: Consultation Report and Letter requires the applicant to submit a report of the consultations held with local stakeholders such as local government, local police, relevant regulatory authorities, potential clients, businesses and community groups. This report shall include a summary of the views of the stakeholders on the proposed activities at the site; copies of all written submissions received; and, a description of the steps that will be taken to address any relevant concerns that were raised during consultations.

The review of applications for exemption are intended to embrace the following principles:

“An application for an exemption under subsection (1) shall include information, submitted in the form and manner determined by the Federal Minister, regarding the intended public health benefits of the site and information, if any, related to:

- (a) the impact of the site on crime rates;
- (b) the local conditions indicating a need for the site;
- (c) the administrative structure in place to support the site;
- (d) the resources available to support the maintenance of the site; and

(e) expressions of community support or opposition.”

Once the application has sufficient information to move to the review stage, Health Canada will notify the applicant. A detailed assessment of the application will begin and, if necessary, additional information or clarification will be sought.

Once all information is received, the application is considered complete and moves to the decision stage. At this stage, Health Canada will make a decision and either:

- Issue an exemption with appropriate terms and conditions; or
- Issue an intent to refuse the application containing the reasons for refusal.

If an application is approved, an exemption document will be issued containing any required terms and conditions, including data collection requirements. Failure to comply with the terms and conditions could result in compliance and enforcement action by Health Canada, up to and including revocation of an exemption.

If Health Canada intends to refuse an application, the applicant will be notified of the intent to refuse with the reasons for refusal. The applicant will be provided an opportunity to submit additional information to support the application or reasons that the refusal may be unfounded. Final refusal and reasons for the refusal will be posted on Health Canada’s website.

Health Canada will always conduct an inspection before the site offers services to the public. Health Canada may issue an exemption before an inspection takes place if a supervised injection site is not fully constructed, thereby removing any uncertainty surrounding the applicant’s investment of funds in the renovation/construction process.

5.3 Province of Ontario

While the approval of an S.I.S. are the jurisdiction of the Federal Government, in December 2017, the Province of Ontario announced new measures to strengthen the Province’s response to the opioid crisis. This included funding free naloxone access for police and fire services across the Province. Naloxone is a medication used to block the effects of opioids, especially in the event of overdose. The Province also requested the Federal Government to allow Ontario to approve and fund temporary overdose prevention sites.

On December 7, 2017, Health Canada issued an exemption to the Provincial Minister of Health and Long-Term Care (M.O.H.L.T.C.) to establish temporary Urgent Public Health Need Sites (referred to as Overdose Prevention Sites) in Ontario. As a result, M.O.H.L.T.C. will establish Overdose Prevention Sites (O.P.S.) on a time limited basis (3 to 6 months), with the possibility of extension.

On January 11, 2018, M.O.H.L.T.C. released the document titled Overdose Prevention Sites: User Guide for Applicants which generally sets out the application process, including program model requirements, the Provincial funding model and the application process.

Applications must demonstrate the following minimum requirements:

- The O.P.S. must be led by an incorporated healthcare or community based organization, or partners with one (referred to as a co-applicant), that works with individuals who use drugs;
- The O.P.S. must have a Designated Person who is responsible for overseeing operations, including staff members of the O.P.S. The Designated Person must, before the O.P.S. is operational, provide: a resume including relevant education and training; a criminal record check issued by a Canadian police force; and, document(s) issued by a police force of another country, if the person has lived outside of Canada within the preceding 10 years.
- Evidence demonstrating local need (opioid-related morbidity and mortality data, approximate number of expected clients visiting the O.P.S. per day, other data to indicate local need for the O.P.S.);
- Letter of permission from the land/property owner to operate an O.P.S. on-site if the applicant does not own the property;
- The applicant has the space to operate an O.P.S. with minimal or no capital start-up costs required;
- The O.P.S. meets municipal by-laws and Provincial regulations for accessibility;
- Physical safety and security measures are in place to ensure client, staff and community safety;
- A minimum of two employees, with cardiopulmonary resuscitation (C.P.R.) and naloxone training, are required to be on-site at all times, with one designated health professional available as determined by the applicant (e.g. on-call or onsite);
- The applicant has established relationships with other service providers that can provide staff or other support to the O.P.S. as needed.

Successful applicants must also comply with the terms and conditions set out by Health Canada in exemptions under Section 56(1) of the *Controlled Drugs and Substances Act* (C.D.S.A.) in relation to O.P.S. in Ontario.

Successful O.P.S. applicants will enter into a legal agreement with the M.O.H.L.T.C. or a Local Health Integration Network (LHIN) that will cover the required terms and conditions, including the services permitted at the O.P.S.

The intended Provincial O.P.S. service model is for the sites to be offered on a temporary (3 or 6 month) basis with the possibility of extension.

The following services will be available inside the O.P.S.:

- Supervised injection;
- Naloxone; and

- Provision of harm reduction supplies including, but not limited to needles, syringes and other safe drug use equipment, and the disposal of used harm reduction supplies.

An O.P.S. can provide or permit the following services based on local need and capacity:

- Peer to peer assisted injection;
- Supervised oral and intranasal drug consumption; and/or
- Fentanyl test strips as a drug checking service.

Completed O.P.S. application forms and accompanying documents are to be submitted to the Ministry Emergency Operations Centre (M.E.O.C.). Upon submission, M.E.O.C. will forward the application to the local municipality. The local municipality will have up to 4 days to provide feedback and/or comment on the application to the M.E.O.C. Applicants will be notified of the decision to approve or decline the application within 14 days of submission to the M.E.O.C.

Given the restricted timeline it is expected that City staff would provide input on any applications.

The Health Department in the City of London has opened or will be opening up an O.P.S. which will help inform them of the need and operation of a potential permanent S.I.S. The Peterborough Aids Resource Network in Peterborough recently announced its plan to extend its harm reduction program by opening up an O.P.S.

5.4 Region of Durham

A Region-wide opioid response is under development by a local task force. Membership is comprised of several community stakeholders and planning is being facilitated by the Regional Health Department.

As per the M.O.H.L.T.C. mandate, Durham Region Health Department is responsible for 3 areas of focus related to opioid overdose and harm reduction:

- Developing a local opioid response plan
- Developing a centralized naloxone distribution system for eligible community organizations
- Developing an early warning and surveillance system

Local opioid response requirements include building on and leveraging existing programs and services to increase access to programs and services. It is expected that public health units will engage stakeholders and identify partners to support development and implementation of a local overdose response plan, informed by a population health and situational assessment to identify local needs, gaps, community challenges and issues.

Public health units are required to collate data from community organizations, support policy development at community organizations and increase awareness of community organizations of naloxone availability.

As an initial step, the Regional Health Department should be requested to make a presentation to Council to provide an update on the Region's opioid response exercise.

The Region of Durham Health Department should be requested to undertake a public consultation/education process as part of the coordinated Region-wide opioid response, including potential locations for S.I.S. and O.P.S. A public meeting in Oshawa led by the Regional Health Department, with input from the City and others, should be convened to gather public comments on the Region's opioid response, the types of S.I.S. including O.P.S. being considered and potential locations.

5.5 Other Municipalities

A literature review has been conducted regarding the experiences of other municipalities and how others have addressed the matter from a land use planning perspective.

There are S.I.S. in Vancouver, Calgary, Kamloops, Kelowna, Surrey, Victoria, Ottawa, Toronto and Montreal. All of the facilities are operated by public health organizations (i.e. Toronto Public Health, Alberta Health Services, Island Health (Victoria), etc.). Other cities, such as Hamilton have been working on needs assessments and feasibility studies for possible S.I.S.

Of the information obtained by City staff in conducting research for this report, only the City of Toronto has explicitly commented on how the City views S.I.S. from a land use perspective. The City of Toronto's Supervised Injection Services Toolkit states that:

“From a zoning standpoint, medical services, other than hospitals, are considered a commercial use, often referred to as a medical office. As such, a medical service or office is permitted in commercial zones but not residential zones. A medical office is also permitted in some light industrial zones. From a zoning perspective, a S.I.S., operated as a medical service, may be located in an area that is zoned for commercial use.”

The City of Toronto opened the city's first permanent supervised injection site on November 8, 2017 at 277 Victoria Street. The site is operated by Toronto Public Health.

5.6 Types of Supervised Injection Sites

There are three main models of Supervised Injection Sites: Fixed-Integrated within existing health services; Fixed-Specialized stand-alone services; and Mobile.

The service models are described as follows:

Model	Description
Fixed-Integrated within existing health services	Physically located within addiction service centres, alongside other services such as needle and syringe services, testing for blood-borne infections (H.I.V. and H.C.V.), drug treatment, primary care, housing and other social services, etc.

Model	Description
Fixed-Specialized stand-alone services	A stand-alone site with a focus on providing a supervised, hygienic location for people to inject illicit substances.
Mobile	Mobile locations (i.e. vehicles) fitted with injection booths able to move across a city.

5.7 City of Oshawa Context

5.7.1 Background

On August 22, 2017 the Development Services Committee passed a motion directing staff to undertake a zoning review related to S.I.S. in the City of Oshawa and report back to the Development Services Committee.

To date, City staff is not aware of any private sector individual or organization seeking to obtain Federal or Provincial approval for a permanent S.I.S. in Oshawa. Lakeridge Health (Pinewood Centre) is working with the Durham Region Health Department and the John Howard Society to explore the feasibility of creating a temporary overdose prevention site (O.P.S.) as outlined in section 5.3 of this report.

5.7.2 Zoning By-law

Zoning By-law 60-94 defines a medical office as:

““MEDICAL OFFICE” means a building or part of a building in which the practice of one or more of the self-governing health professions listed in Schedule 1 to the Regulated Health Professions Act, 1991 S.O. 1991 c.18, excluding pharmacy, is carried on or in which treatment of humans by a Drugless Practitioner, as defined in the Drugless Practitioners Act, R.S.O. 1990, c.D.18, occurs.”

The list of self-governing health professions listed in Schedule 1 of the Regulated Health Professions Act includes, in part, the following health professions which are commonly associated with SISs:

- Medicine
- Nursing

Zoning By-law 60-94 defines a clinic as:

““CLINIC” means a building or part of a building in which the practice of one or more of the self governing health professions listed in Schedule 1 to the Regulated Health Professions Act, 1991 S.O. 1991 c.18, excluding a pharmacy as a main use, is carried on or in which the treatment of humans by a Drugless Practitioner, as defined in the Drugless Practitioners Act, R.S.O. 1990, c.D.18, occurs and may include medical laboratories or an ancillary pharmacy.”

Zoning By-laws 60-94 and Hospital Zoning By-law 16-94 define a hospital as:

““HOSPITAL” means any institution, land, building, or part of a building, structure or other premises or place established for the diagnosis or treatment of persons afflicted with or suffering from sickness, disease or injury, including mental or nervous illness, or for the treatment of convalescent or chronically ill persons.”

Zoning By-law 60-94 defines an office as:

““OFFICE” means a building or part of a building containing any type of office use as defined by this By-law.”

Zoning By-law 60-94 defines a professional office as:

““PROFESSIONAL OFFICE” means a building or a part of a building where professionally qualified persons and their staff provide services to clients or patients and shall only include a service office, a support office, a clinic, a medical office, the offices of a lawyer, an architect, an engineer, an accountant, a planner or a surveyor.”

Therefore, S.I.S. may be considered a medical office, clinic and hospital under Zoning By-law 60-94 and Hospital Zoning By-law 16-94 and would be permitted in any zone that permits these uses. A clinic and medical office are also permitted as an office or a professional office in Zoning By-law 60-94. Based on the forgoing, S.I.S. would be permitted in the following zones:

- SO-A, SO-B, SO-C and SO-D (Specialized Office) Zones
- OC-A, OC-B and OC-C (Office Conversion) Zones
- CBD-A and CBD-B (Central Business District) Zones
- PCC-A, PCC-B, PCC-C and PCC-D (Planned Commercial Centre) Zones
- PSC-A and PSC-B (Planned Strip Commercial) Zones
- SPC-B and SPC-C (Special Purpose Commercial) Zones
- CC-A (Convenience Commercial) Zone
- CIN(1) (Community Institutional) Zone for Pinewood Centre
- MIN (Major Institutional) Zone
- PI-A (Prestige Industrial) Zone
- SI-A, SI-B and SI-C (Select Industrial) Zones
- AP-B (Airport) Zone
- SW (Special Waterfront) Zone
- MU-A, MU-B and MU-C (Mixed Use) Zones
- HMC (Hamlet Commercial) Zone
- HBC (Harbour Commercial) Zone

In addition, Section 5.4 of Zoning By-law 60-94 states that none of the provisions of the by-law shall apply to prevent the use of any land or the erection or use of any building or structure, or part thereof, by a public authority. Zoning By-law 60-94 defines a public authority as:

“PUBLIC AUTHORITY” means the Government of Canada, the Government of Ontario, and municipal corporations, as well as any department or board established thereby,

including Hydro One Inc. (except with respect to Hydro One Inc. transformer stations that transform power down to 44kv), the Oshawa Power and Utilities Corporation and its subsidiaries, any Crown Agency and any college, university or other post secondary institution created by the Province of Ontario but not including any type of group home or any School Board created by the Province of Ontario.”

The Region of Durham Health Department could be considered a public authority under Zoning By-law 60-94. If the Region chooses to exercise their public use exemption rights under the Zoning By-law, they could implement a S.I.S. in any zone provided the use conforms with the Oshawa Official Plan.

It is premature to advance any potential zoning amendments at this time. The City needs the Regional Health Department to present its opioid response plan that could include policy direction on establishing and operating any S.I.S. including an O.P.S. in Oshawa.

Research has shown that S.I.S. have had a positive impact on individuals who use injectable illicit substances by reducing overdoses and certain diseases by providing safe environments, clean equipment and immediate medical assistance. S.I.S. have also played a role in increasing access to treatment programs and other social services to assist in treating addictions.

Staff support an S.I.S. including an O.P.S. in an appropriate location under the supervision of qualified professionals and a comprehensive public consultation process led by the Region of Durham Health Department to address this significant public health issues.

Staff believe, subject to consultation with the Region, that S.I.S. should ideally be permitted in locations where medical facilities can offer a range of services by qualified health care professionals. Examples could include the Pinewood Centre, Glazier Medical Centre and the Oshawa Clinic that are located in the general area where there is a need for the service (see Attachment 1).

There are certain zones/locations where a S.I.S. would not likely locate such as Industrial Zones, Convenience Commercial Zones, Harbour Commercial Zones, Hamlet Commercial Zones, Special Waterfront Zones, Airport Zones, Mixed-Use Zones along Simcoe Street North near the UOIT/Durham College campus and other areas/zones that are a considerable distance away from the area where there is a need for the service. In addition, an S.I.S. should not be considered at a minimum along the Main Shopping and Pedestrian Streets in the Central Business District Zones excluding the Oshawa Clinic site (see Attachment 2).

5.8 Go Forward Plan

A Region-wide opioid response is under development by a local task force. Membership is comprised of several community stakeholders and planning is being facilitated by the Regional Health Department.

The Regional Health Department should be requested to make a presentation to Council to provide an update on the Region’s opioid response plan exercise.

The Region of Durham Health Department should also be requested to undertake a public consultation/education process as part of the coordinated Region-wide opioid response, including a discussion on potential locations for S.I.S. and O.P.S. A public meeting in Oshawa led by the Regional Health Department, with input from the City, D.R.P.S., D.R.E.M.S., Lakeridge Health and other community organizations, should be convened to gather public comments on the Region's opioid response, the types of S.I.S. being possibly considered, including O.P.S. and potential locations.

City staff will review comments received through the consultation process and evaluate the need to recommend whether the City should initiate the public process under the Planning Act for Council to consider any amendments to Zoning By-law 60-94 related to S.I.S. and report back to the Development Services Committee as necessary.

6.0 Financial Implications

There are no financial implications related to the Recommendation in this Report.

7.0 Relationship to the Oshawa Strategic Plan

The Recommendation advances the Accountable Leadership and Social Equity goals in the Oshawa Strategic Plan.



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Schedule "G" Main Pedestrian and Shopping Streets in the Central Business District



 Lands affected by Section 16.4