



Construction Monitoring Program Consent Form

**Please submit this completed form at the Historic Waste Program Management Office
 Located at 25 Henderson St, Port Hope, ON L1A 0C6 or by email at nationalprograms@cnl.ca
 tel: (905) 885-8830 fax: (905) 885-9344**

Name of Applicant:			
Address of Applicant:			Postal Code:
Phone No:		Email:	
Address of Proposed Excavation (if different from above):			
Are you applying for a building permit?		Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Description and Scope of Work (please attach a sketch or draw on page 2 of this form)			
Anticipated Date of Work:			

Participation Consent Form

I am the owner or agent for the owner of all the lands, premises and buildings as stated in "Address of Proposed Excavation". I authorize Canadian Nuclear Laboratories (CNL) to provide to the Municipality of Port Hope any information it may have on file pertaining to radiation surveys of this property.

I allow access to the property by CNL personnel or by consultants working on their behalf for the purpose of conducting radiological surveys, if required. Arrangements for access will be made verbally and in advance.

*If historical low-level radioactive waste (LLRW) is found that CNL recommends be removed and I elect to proceed, the LLRW will be removed and transported to the CNL Temporary Storage Site in accordance with advice provided by CNL or their consultants. **During CNL's oversight to this CMP activity, we will only be taking possession of historic LLRW impacted materials. Other un-related contamination will continue to be the responsibility of the property owner.** Any LLRW excavation, handling and transportation performed by the owner's contractors are the contractors responsibility, including complying with applicable environmental, health and safety regulations (notwithstanding any arrangements CNL may make with you and your contractor to reimburse you for the costs associated with the removal of LLRW). CNL will accept responsibility for the LLRW once it has taken possession of the LLRW at its Temporary Storage Site.*

Owner of Authorized Agent:		Date:	
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To: The Municipality of Port Hope Building Inspector's Office, Chief Building Official	THIS AREA FOR OFFICIAL USE ONLY
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Process	Comments	Checked
[1] File Reviewed		<input type="checkbox"/>
[2] Survey Performed		<input type="checkbox"/>
[3] CNL to Monitor Excavation		<input type="checkbox"/>
[4] CNL to Perform Remediation Prior to Work Being Conducted		<input type="checkbox"/>
[5] PHAI Compliance Letter Issued, Therefore no Monitoring is Required for This Property		<input type="checkbox"/>
[6] Proceed with Application	Initial: <input type="text"/>	Date: <input type="text"/>

Construction Monitoring Program
Soil Excavation/Consent Form

Enter Additional Comments Here:

A large grid area for entering additional comments, consisting of 20 columns and 30 rows of small squares. The grid is intended for handwritten notes or drawings.