



Soil Gas Mitigation Strategy Declaration

Date received:	Permit number:
----------------	----------------

Project Location:

Building number, street name:	Lot/con.
-------------------------------	----------

Telephone number:	E-mail:
-------------------	---------

Owner or Authorized Agent:

Last name:	First name:
------------	-------------

Telephone number:	E-mail:
-------------------	---------

Declaration of applicant:

I _____ declare that I will implement:
(print name)

(Please circle one of the three following radon gas mitigation options, to be constructed on site):

- Option 1: Sub-Slab (**mandatory radon testing is required**)
- Option 2: Soil Gas Barrier (**radon testing is not required**)
- Option 3: Soil Gas Barrier and Sub-Slab Depressurization – Sub-slab depressurization design by qualified designer required. (**radon testing is not required**)

I certify that:

- Building permit drawings shall clearly indicate details associated with radon gas mitigation
Option # _____ to be constructed on site:
- It is my responsibility to conduct the radon test, if required, to determine the radon concentration in the building and submit the results to the Township of South Frontenac, Building Services.

Date
Signature of Designer