



# Abatement Project Notification

This form along with the applicable fee must be submitted no later than 10 days prior to the onset of any abatement activity. Any proposed revisions must also be submitted on this form in accordance with 420-3-27-.11.

Make check payable to the **Lead Reduction Fund**

**Type:** Original \_\_\_\_\_  
Revision # (circle) #1 #2 #3

**Project Start Date**  
Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**Expected Completion Date**  
Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**Check all that apply:**

- Single Family Residential Dwelling
- Multifamily Residential Dwelling
- Child-occupied Facility
- City or County Project

## Project Information

**Number of Units being Abated** \_\_\_\_\_

Property Name \_\_\_\_\_

Building Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County \_\_\_\_\_

Occupant Name (for single units only) \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

## Property Owner Information

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_

## Director or Manager Information

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_

## Contractor Information

Abatement Firm \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Alabama Lead Certification # \_\_\_\_\_

Contact Person \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_

## Project Designer

Name \_\_\_\_\_

Registry/Accreditation # \_\_\_\_\_

Company Name \_\_\_\_\_

Alabama Lead Certification # \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_

# Work Site

**Project Supervisor** \_\_\_\_\_

**Accreditation Number** \_\_\_\_\_

Worker (attach additional sheet, if needed)

Accreditation Number

_____	/	_____
_____	/	_____
_____	/	_____
_____	/	_____
_____	/	_____
_____	/	_____

**Description of planned lead hazard reduction activity**

*(Check all that apply)*

- Interior lead-hazard paint removal
- Exterior lead-based paint removal
- Soil removal

**Method of paint removal**

- Chemical stripper
- Component removal
- Heat gun
- Other

**Brief description of planned activity ( include affected components)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Fees:**

**Residential Dwelling Unit:** \$120 per residential dwelling unit covered by this notification for project of 1 to 5 dwelling units up to \$600. For projects exceeding 5 residential dwelling units, the fee shall be \$600 plus 2 percent (0.02) of the project cost covered by this notification but not to exceed \$12,000.

**Child Occupied Facilities:** \$300 for each child occupied facility plus 2 percent (0.02) of the project cost covered by this notification but not to exceed \$12,000.

**Combined Mixed Use (Project containing residential dwelling units and child occupied facilities):** \$120 per residential dwelling unit up to \$600, \$300 for each child occupied facility, plus 2 percent (0.02) of the project cost covered by this notification but not to exceed \$12,000.

Fee for Residential Dwelling Units: \$ \_\_\_\_\_

Fee for Child Occupied Facilities: \$ \_\_\_\_\_

Total Project cost: \$ \_\_\_\_\_

2% (0.02) of Project Cost: \$ \_\_\_\_\_

**Total Fees: \$ \_\_\_\_\_**

By signing this document, you agree to abide by the rules governing lead-based paint activities in the state of Alabama, including utilizing employees accredited by Safe State to perform all lead hazard reduction activities and adhering to applicable work practice standards pursuant to **Rule 420-3-21-.01 et al.**

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Office Use Only**

Date Received	Received By	Check #	Receipt #	Permit # / Date
---------------	-------------	---------	-----------	-----------------

# Alabama Department of Public Health

## License/Permit Applicant's Declaration Of Business Ownership Structure

Applicant (Please print or type)

Name of establishment or facility ( if differnr than above)

City

State

Zip

### Applicant is a (*check one*)

Individual

Nonprofit corporation

Municipality

Partnership

Limited Liability Corporation

County

Corporation

State

Joint City/County

Other:

I declare, under penalty of perjury, under the laws of the State of Alabama that the information I provide is true and correct to the best of my knowledge.

Printed Name

Signature

Date

### For Departmental Use Only

Type of License/Permit: \_\_\_\_\_

County: \_\_\_\_\_

ADPH Employee: \_\_\_\_\_