



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)

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 differenr 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: _____