

State of Alabama  
Department of Public Health  
Bureau of Environmental services  
Lead Certification Program  
(334) 206-5373 or 1(800) 819-7644  
Fax (334) 206-5788



Mail to:  
The Alabama Department of Public Health  
The RSA Tower, Suite 1250  
Bureau of Environmental Services  
P.O. Box 303017  
Montgomery, AL 36130-3017

## Lead Renovation Project Notification

This form must be submitted no later than 7 working days prior to the onset of any regulated Lead Renovation activity.  
Any proposed revisions must also be submitted on this form in accordance with 420-3-29-.12.

PROJECT START DATE

\_\_\_\_/\_\_\_\_/\_\_\_\_

CHECK ALL THAT APPLY:

- Single Family Residential Dwelling
- Multifamily Residential Dwelling
- Child-Occupied Facility
- City or County Project
- HUD Funds Used For Project

EXPECTED COMPLETION

\_\_\_\_/\_\_\_\_/\_\_\_\_

=====  
Number of units renovating: \_\_\_\_\_

=====  
Property Name: \_\_\_\_\_ (Housing Authority, Apartment Complex, etc...)

Building Number/Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: Alabama Zip: \_\_\_\_\_

County: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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

=====  
Property Owner Name: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_

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

=====  
Contractor/Renovator: \_\_\_\_\_

Mailing address: \_\_\_\_\_

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

Alabama Renovation Certification Number: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Alabama Accredited Renovator (on Project) \_\_\_\_\_

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Description of scope of planned activities /work:  Interior  Exterior

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

+++++

Job Address: \_\_\_\_\_

+++++  
Name of Workers for this Project:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

+++++

Was the Pre-Renovation Form issued with confirmation of receipt of Lead Pamphlet?  Yes  No

Is lead components involved in scope of work?  YES  No

Lead determination by:  Accredited Lead Inspector  Chemical Lead check

If lead components were determined by an Alabama Accredited Lead Inspector:

Date of Inspection: \_\_\_\_\_

Lead Inspection Firm: \_\_\_\_\_

Name of Inspector: \_\_\_\_\_

Name of Lead Abatement firm contacted to perform abatement: \_\_\_\_\_

Date contacted: \_\_\_\_\_

Lead Designer: Firm Name: \_\_\_\_\_

Designer Name: \_\_\_\_\_

**Please include all of the following:**

- All above information filled in
- Occupant protection plan
- Vicinity map of location of the project

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 420-3-29-.01 et al.

\_\_\_\_\_  
Signature / Date

=====  
Office Use Only

Date Received :	Received By:
Email: _____	
Internet: _____	
Fax: _____	

Compliance Note: Was 420-3-29-.02(c) followed: \_\_\_ Yes \_\_\_ No

Other Notes: