

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

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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

Vicinity map of location of the project

Occupant protection plan

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: