

**Asbestos and Lead Regulatory Program
LEAD ABATEMENT PROJECT PERMIT APPLICATION**

REVISION DATE _____

Name and address of Abatement Entity: _____

Ph: _____ Fax _____

Lead Abatement Entity Number: _____ Exp. Date: _____

Origin of Project (eg VHCB, Owner, etc): _____

Lead Abatement Project Designer: _____ Lic. Number: _____

Or Nationally Recognized Standardized Specification _____

Building Owners Name and Address: _____

Name and Address of Abatement Project: _____

***Total Number of Units to be Abated (include specific unit number):** _____

Common Areas to be Abated: Yes or No Exterior Areas to be Abated: Yes or No

***Project Start Date:** _____ ***Completion Date:** _____

***Exterior Project Start Date:** _____ ***Completion Date:** _____

***Abatement Activities to be Performed (circle or describe as appropriate):**

Component Removal Paint Stripping Encapsulation Enclosure Other _____

***Alternate Procedures Approval Requested (if any please describe and/or attach):**

***Interim Controls to be performed (describe):**

***Renovation Activities to be performed (describe):**

Name and license number of the on-site Supervisor:

Name of Consultant/Consultant Company to perform clearance:

Name and Address of final waste disposal company:

A complete list of exact locations, types and scope of activities must be attached to this application. Floor plans and/or specifications must be included.

Print name _____ Signature _____ Date: _____

Prepared By: (Name and Signature)

*Permit Revision Fee Applies