Permit #_____

Cabinet for Health and Family Services
Kentucky Department for Public Health

APPLICATION FOR LEAD-HAZARD ABATEMENT ACTIVITIES

***Note to Applicant: In addition to the completion of this application, appropriate fee, abatement and occupant protection plan must also be attached*.**

Date: _____ County or District Health Department:_____ KY Cert. Number:_____

Name of Applicant: _____ Phone Number: ( ) _____

Mailing Address: _____
(City/State/Zip)_____

Location of Activity (with directions)

_____
_____
_____
_____

Name of Owner:_____

Dates(s) of Planned Activity:_____

Please provide the following for certified lead hazard company:

Company Name: _____ Certification Number: _____

Address: _____ Phone Number: ( ) _____
_____ Fax Number: ( ) _____

AFFIDAVIT

I propose to manage and/or conduct lead-hazard abatement activities in the above indicated location in accordance with procedures and work practice standards indicated in KAR 48:040, and shall notify the Department of the completion of the abatement services and required clearance testing.

Supervisor/Project Designer Signature_____

FOR DEPARTMENT FOR PUBLIC HEALTH USE ONLY

Date Rec'd_____ **Processed by:**_____ ☐ **Approved** ☐ **Disapproved**

Reason for Disapproval_____

Fee $_____ **Check/MO#**_____

Additional Fees $_____ **Check/MO#**_____

Submit To: Environmental Lead Program
275 East Main HS1E-B
Frankfort, KY 40621
Attn: Compliance