



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# _____

Application Fee Amended Permit Soil Exterior Fee # of Buildings _____

Interior Single Family Interior Multi Family # of Units _____

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