## **Cabinet for Health and Family Services Kentucky Department for Public Health**

## **Application for Lead-Hazard Abatement Activities (Please Print Clearly)**

		Applicant Informa	ation		
Company N	lame:		Certification Number:		
riddi ooo.	Street Address			Apartment/Unit #	
	City		State	ZIP Code	
Work Phon	e:				
Supervisor		Cert. Number:			
Supervisor:		Cert. Number:	Expiration:_		
		Location of Activ	rity		
Location of Activity:				■ EBL Child	
Name of Owner:		Dates of Planned	Dates of Planned Activity:		
		Project Details	S		
Please sel	ect all fees that a	oply to determine total fees.			
<b>□</b> \$50 nor	nrefundable appli	cation fee required for all abatement	projects +		
■ Interior	Single Family \$ 2	225 + 🗖 Exterior \$ 125 x Buildin	ngs + 🗖 Multi Family Inte	erior \$ 100 x Units +	
□ Soil \$ 5	0 +  Amended	Permit \$ 25 = Total Fees			
	Required Docu				
■ Abatem	•				
		Please make all checks out to Kent	ucky State Treasurer.		
		Affidavit and Sign	ature		
accordanc	e with procedures	conduct lead-hazard abatement acti s and work practice standards include on of the abatement services and req	ed in 902 KAR 48:040, an		
Supervisor(	(s) Signature:			Date:	
		For Department For Public F	lealth Use Only		
Check:			Amount:		
Date Received: Proces			Processed By:		



Mail To: Compliance Environmental Lead Program 275 East Main Street HS1EB Frankfort, KY 40621

