

North Carolina Lead-Based Paint Abatement Permit Application

1. Type of Permit: Abatement [<input type="checkbox"/>] Emergency [<input type="checkbox"/>] Ordered Abatement [<input type="checkbox"/>]			Permit Number:
2. OWNER AND OPERATOR(S)			
OWNER NAME:			
Address:			
City:	State:	Zip:	
Contact:	Phone:	Fax:	
OPERATOR NAME (if other than owner):			
Address:			
City:	State:	Zip:	
Contact:	Phone:	Fax:	
3. CERTIFICATIONS			
ABATEMENT FIRM :			NC Cert. No.:
Address:			
City:	State:	Zip:	
Contact:	Phone:	Fax:	
INSPECTOR:			NC Cert. No.:
RISK ASSESSOR:			NC Cert. No.:
DESIGNER:			NC Cert. No.:
CLEARANCE SAMPLING conducted by: Name:			NC Cert. No.:
OCCUPANT PROTECTION PLAN prepared by: Name:			NC Cert. No.:
4. FACILITY DESCRIPTION (including building name, number, and floor or room number)			
Building Name or Number:			
Street Address:			County:
City:	State:	Zip:	
Building Size (sq. ft.):	No. of Floors:	Age in Years:	
Abatement Area:			5 or more units: Yes [<input type="checkbox"/>] No [<input type="checkbox"/>]
Facility Contact:			Phone:
** FOR GOVERNMENTAL AGENCY USE ONLY**			
POSTMARK DATE: _____ REGION/COUNTY: _____			
APPROVING SIGNATURE: _____ DATE: _____			

5. WASTE TRANSPORTER(S)		
TRANSPORTER #1:		[] Solid waste [] Hazardous Waste
Address:		
City:	State:	Zip:
Contact:	Contact Phone:	
TRANSPORTER #2:		[] Solid waste [] Hazardous Waste
Address:		
City:	State:	Zip:
Contact:	Contact Phone:	
TRANSPORTER #3:		[] Solid waste [] Hazardous Waste
Address:		
City:	State:	Zip:
Contact:	Contact Phone:	
6. DISPOSAL SITE(S)		
SOLID WASTE DISPOSAL SITE:		
Address:		
City:	State:	Zip:
Contact:	Contact Phone:	
HAZARDOUS WASTE DISPOSAL SITE:		
Address:		
City:	State:	Zip:
Contact:	Contact Phone:	
7. ORDERED ABATEMENTS: IF THE ABATEMENT IS ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW AND ATTACH A COPY OF THE ORDER.		
Agency Name:		
Agency Contact:	Title:	Phone:
Authority:		
Date Ordered (MM/DD/YY):	Date Abatement to Begin (MM/DD/YY):	
8. EMERGENCY ABATEMENT: I am applying for an emergency abatement permit and a waiver of the ten (10) working day waiting period: Yes [] No [] (If yes, attach letter)		
Description of Emergency: _____ _____		
How Failure to Correct Situation Would Cause a Lead-Based Paint Hazard: _____ _____		

11. FEES DUE

THE PERMIT FEE FOR LEAD-BASED PAINT ABATEMENT IS 2% OF THE CONTRACT PRICE, NOT TO EXCEED \$500.00.

Total Contract Price of Lead-Based Paint Abatement = \$ _____ X 0.02(2%) = \$ _____

RESIDING HOMEOWNERS ARE EXEMPT FROM FEES. CHECK HERE, IF APPLICABLE []

12. I, AN OWNER OR OPERATOR OF THE LEAD-BASED PAINT ABATEMENT PROJECT, HEREBY CERTIFY THAT THE INFORMATION SUBMITTED IS ACCURATE TO THE BEST OF MY KNOWLEDGE. I FURTHER CERTIFY THAT THIS PROJECT WILL BE CONDUCTED IN ACCORDANCE WITH APPLICABLE STATE AND FEDERAL REGULATIONS.

Certified Firm Name: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Firm Representative: _____ Title: _____

Original Signature: _____ Date: _____

PLEASE SUBMIT COMPLETED APPLICATION FORM WITH APPLICABLE PERMIT FEES TO THE FOLLOWING ADDRESS:

HEALTH HAZARDS CONTROL UNIT
NCDHHS – DIVISION OF PUBLIC HEALTH
1912 MAIL SERVICE CENTER
RALEIGH, NC 27699-1912
Telephone: 919-707-5950

FOR FED EX OR OVERNIGHT MAIL:
5505 Six Forks Rd, 2nd Floor, Room D-10
RALEIGH, NC 27609
Fax Number: 919-807-4808

INSTRUCTIONS

LEAD-BASED PAINT ABATEMENT PERMIT APPLICATION

Aug 2007

PURPOSE: This form serves as a lead-based paint abatement permit application in the state of North Carolina. An approved permit is required to be displayed on site, along with all revisions, during lead-based paint abatement activities and be immediately available for review.

PREPARATION: All information pertinent to the abatement must be completed by the building owner/operator or designee and submitted with applicable permit fees to:

Health Hazards Control Unit
NCDHHS – Division of Public Health
1912 Mail Service Center
Raleigh, NC 27699-1912

For Fed Ex or overnight mail:
5505 Six Forks Rd, 2nd Floor, Room D-1
Raleigh, NC 27609

1. TYPE: Indicate the type of notification, i.e. Abatement, Emergency, Ordered Abatement.

2. OWNER AND OPERATOR(S)

Owner: Enter the name of the owner of the facility, the owner's mailing address including box number, street, city, state, zip code, contact person, and telephone number and, if available, fax number of the contact person.

Operator: Includes those acting as agent for or representatives of the owner of the facility, such as property manager, architect, general contractor, or engineering or consulting firm. Complete the name of the operator and the operator's mailing address including box number, street, city, state, zip code, contact person, the telephone number and, if available, the fax number of the contact.

3. CERTIFICATIONS

Firm: Enter the name of the abatement firm and NC certification number, the firm's mailing address, including box number, street, city, state, zip code, contact person, and telephone number and fax number of the contact person.

Inspector: Enter the name of the NC certified inspector and the inspector's NC certification number.

Risk Assessor: Enter the name of the NC certified risk assessor and the risk assessor's NC certification number.

Designer: Enter the name of the NC certified designer and the designer's NC certification number. If the project includes fewer than five (5) units, enter the name of the NC certified supervisor who designed the project and the supervisor's NC certification number.

Clearance Sampling conducted by: Enter the name and NC certification number of the individual conducting clearance sampling for the abatement project.

Occupant Protection Plan prepared by: Enter the name and NC certification number of the individual who prepared the occupant protection plan for the project.

4. FACILITY DESCRIPTION: Complete the building name of the facility where the abatement project will occur; the physical address, including street number, street name, city, state, and county; the building size, number of floors, and age in years; identify the abatement area, including floor and room number(s) and indicate whether the abatement project includes 5 or more units; and, enter the name and phone number of the facility contact..

- 5. WASTE TRANSPORTER(S):** Enter the name, mailing address, including street, city, state, and zip code, a contact person and the contact person's phone number for each waste transporter contracted to transport waste from the abatement project to an approved landfill. Also indicate whether the materials handled by the transporter constitute solid or hazardous waste.
- 6. WASTE DISPOSAL SITE(S):** Complete the name and location of the disposal site where the solid and/or hazardous waste generated by the lead-based paint abatement project will be disposed, including the street, route, or highway, city, state, zip code, contact person at the waste disposal site, and the contact person's phone number.
- 7. ORDERED ABATEMENT:** If the lead-based paint abatement is ordered by a government agency, complete the name of the agency, the agency contact and title and the contact person's telephone number, authority, the date of the order, and the date the abatement project is to begin. Attach a copy of the order to the completed permit application.
- 8. EMERGENCY ABATEMENT:** If applying for an emergency abatement permit, attach a letter from the owner or the certified risk assessor explaining the nature of the emergency.
- 9. ABATEMENT SCHEDULE:** Circle all days when lead-based paint abatement activities are to occur. Enter working hours that lead-based paint abatement activities will be conducted (i.e., 7:30 AM - 5:00PM).
- 10. PROJECT DESCRIPTION:** Enter the following information about the project (use additional pages if necessary):
- a. List each **Type of Material** that is being abated, i.e., windows, doors, walls, floors, ceilings, chair rails, baseboards, soffits, soil, etc. Only one type of material should be entered on each line.
 - b. Indicate the **Location** of each material, i.e., on the interior or the exterior of the building.
 - c. List the **number or amount** (sq. ft., ln. ft., cu. ft.) of each material being abated.
 - d. List the **Method of Abatement** to be used for each material being removed:

Abrasive Blasting	Containment	Hand Scraping	Enclosure
Chemical Stripping	Negative Pressure	Heat Stripping	Encapsulation
Component Removal	Hand Sanding	Power Tools	Other (describe)
 - e. Enter any **additional project specific characteristics or activities** not covered in a-d above.
- 11. FEES DUE:** The permit fee for lead-based paint abatement is 2% of the contract price, not to exceed \$500.00. Enter the total contract price, multiply by 0.02 (2%) and enter the total fee due.
NOTE: Residing home owners are exempt from permit fees.
- 12. APPLICANT INFORMATION:** Enter all information requested. Only notifications completed in permanent media with original signature will be considered.

CHECKS OR MONEY ORDERS SHOULD BE MADE PAYABLE TO:

NC DHHS - HEALTH HAZARDS CONTROL UNIT

Upon approval of the Application, a one page Permit with an HHCU Permit Number will be returned to the applicant. A copy of the abatement permit issued by the HHCU and all revisions with the Program's confirmation of receipt shall be maintained on site during abatement activities and be immediately available for review by the Program.

ORDER: Additional forms may be ordered from:

Health Hazards Control Unit
NCDHHS – Division of Public Health
1912 Mail Service Center
Raleigh, NC 27699-1912
Telephone: 919-707-5950
Fax: 919-870-4808