Department of Health
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Application for Permit to Remove Exterior Paint
Board of Health Ordinance #02-2011

Applicant:

Company Name: _____ Tel. # _____
Company Owner: _____
Address: _____
City: _____ State: _____ Zip: _____

Location of Structure:

Property Owner – Name: _____ Tel. # _____
Street/Address: _____
City: _____ State: _____ Zip: _____

Work Description:

_____

_____

Does the proposed work involve a structure built before 1978? Yes: _____ No: _____

Does the proposed work involve any of the following, a residential structure, a child care facility or a school? Yes: _____ No: _____

Will the proposed work involve disturbing more than twenty square feet of the exterior painted surface? Yes: _____ No: _____

If you answered yes to all three questions you **MUST** list your RRP (EPA's Lead Renovation, Repair and Painting Rule) certification number here:

_____

Applicant's signature: _____

Fee: $15.00 per structure

FOR HEALTH DEPARTMENT USE ONLY:

Check #: _____ Cash: _____

Building/House -Permit # _____ Detached Garage – Permit# _____

Date Issued: _____ Issued By: _____