

REVISION FOR LEAD-BASED PAINT ABATEMENT PERMIT

PERMIT NUMBER:			
FACILITY:		FACILITY ADDRESS:	
CERTIFIED FIRM:		FIRM ADDRESS:	
FIRM CONTACT:		CONTACT PHONE:	
LEAD ABATEMENT PROJECT DATES			
ORIGINAL ABATEMENT START DATE:		REVISED ABATEMENT START DATE:	
ORIGINAL ABATEMENT COMPLETE DATE:		REVISED ABATEMENT COMPLETE DATE:	
ADDITIONAL SURFACES TO BE ABATED			
TYPE OF MATERIAL	INTERIOR/EXTERIOR	QUANTITY	ABATEMENT METHOD
ADDITIONAL FEES DUE			
Contract Price of Additional Lead-Based Paint Abatement = \$ _____ X 0.02(2%) = \$ _____			
Permit fee for lead-based paint abatement projects is 2% of the contract price, not too exceed \$500.00. Check here , if applicable [<input type="checkbox"/>]			
RESIDING HOMEOWNERS ARE EXEMPT FROM FEES. CHECK HERE, IF APPLICABLE [<input type="checkbox"/>]			
ADDITIONAL COMMENTS OR OTHER REVISIONS:			
I CERTIFY THAT THE INFORMATION SUBMITTED IS ACCURATE TO THE BEST OF MY KNOWLEDGE.			
NAME: _____		TITLE: _____	
FIRM NAME: _____			
SIGNATURE: _____		DATE: _____	
FOR GOVERNMENTAL AGENCY USE ONLY			
RECEIVED BY: _____		DATE RECEIVED: _____	
POSTMARK DATE: _____		DATA ENTRY: _____	
FAX TRANSMITTAL INFORMATION			
TO:	DATE:	TO: HHCB	DATE:
FROM:	TIME:	FROM:	TIME:
FAX #:	PAGES:	FAX #: 919/870-4808	PAGES:

INSTRUCTIONS
REVISION FOR LEAD-BASED PAINT ABATEMENT PERMIT
(July 1999)

- PURPOSE:** This form shall be used for the required reporting of revisions to any active North Carolina permits for lead-based paint abatement projects.
- PREPARATION:** This form shall be completed when any revisions occur for scheduled start and/or complete dates for lead-based paint abatement projects; when additional surfaces to be abated are added to the project; and for other revisions that substantially alter the originally approved permit.
- INSTRUCTIONS:** Enter the assigned NC Permit Number of the approved permit to be revised.
- Complete the facility name and address; certified firm's name and address; contact person's name; and contact person's telephone number.
- Enter any revisions, if necessary, in start and/or complete date(s) as indicated. Note: if an abatement is to begin earlier than the original start date, the Revision shall be received by this office at least 10 working days before the new start date.
- If additional surfaces are to be abated, complete the corresponding blanks with the type of material, location (interior/exterior), amounts of materials to be abated, and method of abatement. Compute fees accordingly. Notice that the amounts requested are ADDITIONAL amounts only.
- Type or print legibly the certifying individual's name, title, and company name. Certifying individual must sign and date the form as indicated.
- FAX TRANSMITTAL INFORMATION:** The Health Hazards Control Unit (HHCU) accepts telefaxed revisions. Telefaxed revisions received by the HHCU are initialed, dated, time of receipt indicated, and then faxed back to the individual who signed the Revision form. It is the contact person's responsibility to assure the faxed revision is received, signed, and faxed back to confirm receipt. Revisions are NOT approved upon receipt. Upon review of the Revision, the contact person will be notified if additional information, changes, or corrections are needed.
- Revisions may be faxed to: Health Hazards Control Unit
919-870-4808
- INFORMATION:** For information of permit revisions or other requirements of the North Carolina Lead Hazard Management Program, contact:

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

For Fed Ex or Overnight Mail:
5505 Six Forks Rd, 2nd Floor,
Raleigh, NC 27609