



Approved: _____

DLI PERMIT NUMBER: _____
(If amended, indicate the original permit number)

PERMIT APPLICATION AND NOTIFICATION FOR LEAD ABATEMENT AND RENOVATION

Section 1 - Type of Notification (Check the box that indicates the type of notice you are submitting)				
<input type="checkbox"/> Original	<input type="checkbox"/> Amendment/Revision	<input type="checkbox"/> Cancellation	<input type="checkbox"/> Blanket	
Section 2 - Type of Project (Check the box that indicates the type of project you will be performing)				
<input type="checkbox"/> Lead Abatement	<input type="checkbox"/> Emergency Lead Abatement	<input type="checkbox"/> Lead Renovation	<input type="checkbox"/> Emergency Lead Renovation	
Section 3 – Property Owner or Manager Information				
Name: _____				
Address: _____				
City: _____		State: _____		Zip: _____
Contact: _____			Telephone #: _____	
Section 4 – Lead Abatement Contractor Information (complete ALL of Section 4, if this is a Abatement Operation)				
Name: _____				
License #: _____				
Address: _____				
City: _____		State: _____		Zip: _____
Contact: _____			Telephone#: _____	
Section 5 – Renovation Firm Information (complete ALL of Section 5, if this is a Renovation Operation)				
Name: _____				
Federal Employer ID #: _____			Certification #: _____	
Address: _____				
City: _____		State: _____		Zip: _____
Contact: _____			Telephone#: _____	
Section 6 - Facility Information				
Building Name: _____				
Address: _____				
City: _____		State: VA		Zip: _____
Site Location: (room #, basement, 1 st floor , etc)	Building Size:	SqFt.	# of Floors:	Age in Years:
Type of Facility: <input type="checkbox"/> Single Family Dwelling <input type="checkbox"/> Multi-Family Dwelling <input type="checkbox"/> School, Daycare, or Other Child-Occupied Facility <input type="checkbox"/> Other				
Section 7- Work Schedules			Check if this section is being revised from a previous submittal	
Scheduled dates for Lead Abatement or Renovation (Submit notification 20 calendar days prior to start)			Days of Operation: <input type="checkbox"/> Mon.-Fri. <input type="checkbox"/> Sat.- Sun.	
Start: _____ Finish: _____			Other: <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun	
			Hours of Operation: _____AM/PM - _____AM/PM	
			Comments: _____	

Section 8 – Amount of Lead-Based Paint Affected		Check if this section is being revised from a previous submittal	
Procedures used to detect the presence and amount of lead: <input type="checkbox"/> XRF Report <input type="checkbox"/> Paint Chip Analysis <input type="checkbox"/> Other: _____			
Lead Inspector/Risk Assessor:		License#:	
Indicate the amount of lead-based paint that will be removed, disturbed, encapsulated, etc.			
Linear Feet :		Surface Area (square feet):	
Section 9 - Work Procedures		Check if this section is being revised from a previous submittal	
Description of work to be performed (Check all that apply) :			
<input type="checkbox"/> Dust Removal/Control	<input type="checkbox"/> Encapsulation	<input type="checkbox"/> Chemical Stripping	<input type="checkbox"/> Interior
<input type="checkbox"/> Component Replacement	<input type="checkbox"/> Enclosure	<input type="checkbox"/> Soil Removal/Abatement	<input type="checkbox"/> Exterior
<input type="checkbox"/> Component Removal	<input type="checkbox"/> Wet Scraping	<input type="checkbox"/> Paving	<input type="checkbox"/> Both Interior and Exterior
<input type="checkbox"/> Paint Stabilization	<input type="checkbox"/> Heat Gun	<input type="checkbox"/> Other _____	
Work practices and engineering controls to prevent lead-based paint emissions (Check all that apply):			
<input type="checkbox"/> Adequately Wet Materials	<input type="checkbox"/> Negative Air Containment	<input type="checkbox"/> Mini-enclosure	<input type="checkbox"/> Work area delineated
<input type="checkbox"/> Seal Waste in Leak Tight Containers	<input type="checkbox"/> Other		
Section 10 - Emergency Waiver Request			
Check the Emergency Waiver Request box on page 1 and attach a letter from the property owner or manager explaining the nature of the emergency.			
Date and Hour of Emergency: _____ Time: _____			
Explanation of how the event caused a lead hazard and warranted immediate action:			
Section 11 - Abatement Ordered by A Government Agency			
Name:		Title:	
Authority:			
Date Ordered:		Date Abatement Ordered to be Completed:	
Section 12 -Transporters and Waste Disposal Site		Check if this section is being revised from a previous submittal	
Transporter #1:			
Address:			
City:		State:	Zip:
Contact:		Telephone:	
Transporter #2:			
Address:			
City:		State:	Zip:
Contact:		Telephone:	
Waste Disposal Site:			
Address:			
City:		State:	Zip:
Contact:		Telephone:	Landfill permit#:

Section 13 - Fees

The lead project permit fee, when applicable, **MUST** be submitted with the completed project notification form. The lead project permit fee shall be in accordance with the following schedule.

- 1. The greater of \$100 or 1% of the contract price, with the maximum of \$500. Include a copy of the contract, showing the dollar amount for this project.
- 2. \$15 for each amended notification.

The lead project permit fee may be paid by check, money order, or credit card (**VISA** and **MASTERCARD** only). Make checks payable to the **TREASURER OF VIRGINIA**. If payment is made by credit card, complete the Credit Card Authorization Form and submit with the application.

1.0% of the contract price. Contract price \$ _____ X .01 (1%) = \$ _____

\$100

\$500 – maximum fee

\$15 – amended notification

\$0 – A lead project permit fee is not required for residential buildings.

Enter the total fee due for the project: \$ _____

Section 14 - Certification

Check if this section is being revised from a previous submittal

I certify that an individual trained in the provisions of the Department of Professional and Occupational Regulation (DPOR) requirements for licensure will be on-site during the abatement/renovation and evidence that the required training has been accomplished by this person will be available at the project site for inspection.

Supervisor: _____ License #: _____
 Signature of _____
 Owner/Operator: _____ Date: _____

I certify that the information submitted is accurate to the best of my knowledge and that accredited persons are being used on this project.

Name: _____ Title: _____
 Signature: _____ Date: _____

Please make sure that all required fields have been completed. Incomplete notifications will not be processed.

Section 15-Submission Address notifications as described below:

Original notifications must be sent by FAX, certified mail, or hand delivered to the department at the address below.

DEPARTMENT OF LABOR AND INDUSTRY
 Attention: Accounting/Finance
 MAIN STREET CENTRE
 600 EAST MAIN STREET, SUITE 207
 RICHMOND, VA. 23219
 FAX (804) 371-7634

For additional information concerning the completion of this form, please contact the Virginia Department of Labor and Industry Lead and Asbestos Program at (804) 786-9865 or visit our web site at http://www.doli.virginia.gov/leadasbestos/leadasbestos_intro.html



COMMONWEALTH OF VIRGINIA



DEPARTMENT OF LABOR AND INDUSTRY

CREDIT CARD AUTHORIZATION FORM

Non-Fillable Form

This information is confidential. This form will only be kept by the Department of Labor and Industry Finance Department. Please print, complete and submit by FAX, certified mail, or hand delivery to the Department of Labor and Industry, Attention: Accounting Finance, Main Street Centre, 600 Main Street, Suite 207, Richmond, Va. 23219, Fax (804) 371-763. Do not attempt to email any form. Incomplete forms may be returned for completion, which will delay processing. **(Please Print Legibly)**

Company Name: _____

Federal Employer Identification Number: _____

Name Listed on Credit Card: _____

Cardholder Billing Address: _____

City: _____ State: _____ Zip Code: _____

Contact Daytime Phone Number: () _____ - _____

Reference/Invoice/Inspection Number (if applicable) _____ (9 digits)

Credit Card Type: Visa MasterCard (Only Check One)

Credit Card # _____

Expiration Date: ____/____/____ (Month/Year) Payment Amount: _____

Cardholder Signature _____ Date: _____

I certify that I am the authorized holder and signer of the credit card referenced above. I certify that all information above is complete and accurate. I hereby authorize the Department of Labor and Industry to process payment for all charges as indicated above. If additional charges are going to be authorized, a new form will have to be completed.

Mail or Fax Completed Form to:
Department of Labor and Industry
Attention: Accounting / Finance
Fax: 804-371-7634

600 East Main Street, Suite 207
Richmond, VA 23219
Payment Questions: (804)786-9876

FINANCE USE ONLY

PROGRAM:

- ASBESTOS/LEAD
- BOILER
- LABOR LAW
- APPRENTICESHIP
- CONFERENCE
- VOSH
- FOIA
- ADMINISTRATION
- OTHER

FINANCE ID #

DATE: _____

PROCESSED BY: _____