

Official Use Only

Paid: \$  
Check #:  
M.O. #:  
Date:

VERMONT DEPARTMENT OF HEALTH  
ENVIRONMENTAL HEALTH  
Asbestos and Lead Regulatory Program  
Drawer 30  
108 Cherry Street, P.O. Box 70  
Burlington, VT 05402

**PERMIT APPLICATION FOR LEAD ABATEMENT PROJECT**

(Refer to Vermont Regulations for Lead Control [VRLC] for Complete Rules on Notification)

APPLICATIONS MUST BE FILLED OUT COMPLETELY AND LEGIBLY

ORIGINAL  REVISION (date) \_\_\_\_\_ If Revision: Permit # \_\_\_\_\_ Fee Amount: \$ \_\_\_\_\_

Name of Abatement Entity: \_\_\_\_\_ Ph: \_\_\_\_\_ Fax: \_\_\_\_\_

Street Address of Abatement Entity: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Abatement Entity VT License #: \_\_\_\_\_ License Expiration Date: \_\_\_\_\_

Name/VT License # of Project Designer: \_\_\_\_\_ OR Source of Spec.: \_\_\_\_\_

Name of Abatement Project: \_\_\_\_\_

Street Address of Abatement Project: \_\_\_\_\_

Parcel ID: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of Facility Owner: \_\_\_\_\_ Ph: \_\_\_\_\_

Street Address of Facility Owner: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Facility is (check one):  Target Housing  Public Building  Commercial/Industrial Building  Superstructure

Total # of Units: \_\_\_\_\_ \*Total # of Units to be Abated: \_\_\_\_\_ Common Areas to be Abated?:  Yes  No

\*Abatement Activities to be Performed (check all that apply):  Interior  Exterior

Component Removal  Paint Stripping  Encapsulation  Enclosure  Other: \_\_\_\_\_

\*Project Start Date: \_\_\_\_\_ \*Completion Date<sup>+</sup>: \_\_\_\_\_

Work Schedule (if differs from M-F, 7 A.M. – 4 P.M.): \_\_\_\_\_

\*Waiver(s) Requested?  Yes  No If yes, provide an attachment describing specifics as per VRLC 5.1(b).<sup>++</sup>

\*Interim Controls to be Performed (describe): \_\_\_\_\_

\*Renovation Activities to be Performed (describe): \_\_\_\_\_

Name of On-Site Supervisor and VT License #: \_\_\_\_\_

Name of Clearance Consultant and VT License #: \_\_\_\_\_

Name and Address of Final Waste Disposal Site: \_\_\_\_\_

Will Non-Certified Workers be Entering the Abatement Area Prior to Dust Clearance (per VRLC 5.5(a))?  Yes  No

Name(s) of Non-Certified Worker(s) Entering the Abatement area: \_\_\_\_\_

A COMPLETE LIST OF EXACT LOCATIONS, TYPES AND SCOPE OF ACTIVITIES MUST BE ATTACHED TO THIS APPLICATION. FLOOR PLANS, SPECIFICATIONS, AND HAZARDOUS WASTE CONTINGENCY PLAN (FOR NON-RESIDENTIAL PROJECTS) MUST BE INCLUDED.

Print: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Name and Signature of Notification Preparer

\*Permit Revision Fee Applies

<sup>+</sup> Project completion date must reflect anticipated date of successful final clearance.

<sup>++</sup> Failure to submit required documents may delay the review process.