

NOTIFICATION OF LEAD ABATEMENT ACTIVITY

Any [firm] conducting lead-based paint [abatement] activities in the state of Michigan must notify the department of that activity **not less than three (3) business days prior to its commencement**, as required by '333.5472 of the Michigan Lead Abatement Act of 1998, as amended.

ALL INFORMATION IS REQUIRED. Incomplete notifications will not be approved.

1	Notification Date: month day year ___ / ___ / 20___	If sending a revision, give revision # _____
2	Contractor Name: _____	MI Certification # C- _____
	Phone #: () - - - -	Contact person: _____
	Certified Lead Supervisor for this project: _____	MI Certification # P- _____
3	Lead-based paint was identified by: <input type="radio"/> Risk assessment <input type="radio"/> Inspection <input type="radio"/> Assumed	
	Inspector/Risk Assessor Name: _____	MI Certification # P- _____
	Housing Agency: _____	
	Agency contact person Name: _____	Phone Number: _____
	<i>Detail scope of work and identify abatement work areas:</i> SCOPE OF WORK: <input type="radio"/> Interior <input type="radio"/> Exterior <input type="radio"/> Encapsulation <input type="radio"/> Enclosure <input type="radio"/> Component removal <input type="radio"/> Paint removal <input type="radio"/> Soil	
4	Building Owner: _____	Owner phone #: () - - - -
	Project / Site Address: _____	City: _____ ZIP: _____
	OCCUPANCY STATUS (check all that apply): OCCUPIED: <input type="radio"/> VACANT: <input type="radio"/> (includes temporary relocation) (abandoned)	
	<input type="radio"/> Single-family <input type="radio"/> Multi-Family <input type="radio"/> Child care facility	<input type="radio"/> Public or private school <input type="radio"/> Rental <input type="radio"/> Owner occupied <input type="radio"/> Other: _____
	An Occupant Protection Plan has been prepared by the following certified lead professional: _____	MI Certification # P- _____
5	Start Date: _____	Ending Date: _____
	Scheduled work hours: _____ to _____ <input type="radio"/> Weekends included	

1. Complete Form
2. Return to HHS **at least three (3) business days prior** to the commencement of work.

MAIL OR FAX TO:
 MDCH – Healthy Homes Section
 P.O. Box 30195
 Lansing, MI 48909
 Attn: Compliance Officer
FAX: 517-335-8800