

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.

Notification Date:		Start Date:		End Date:		Revision #: (for changes)	
Reason for revision							
Scheduled work hours: _____ to _____ <input type="radio"/> Weekends included							
Contractor Name:				MI Certification #:	C- _____		
Contact Person:				Phone #:			
Certified Lead Abatement Supervisor for this project:				MI Certification #:	P- _____		
Risk Assessor:				MI Certification #:	P- _____		
Type of lead-based paint assessment:	<input type="radio"/> Risk assessment <input type="radio"/> Inspection <input type="radio"/> Assumed						
Building Owner:				Owner phone #:			
Project/Site Address:			City:			Zip:	
Apartment numbers:					County:		
Occupancy Status		Building Type		Occupancy Type			
<input type="radio"/> Occupied: (includes temporary relocation) <input type="radio"/> Vacant: (abandoned/unoccupied)		<input type="radio"/> Single-family <input type="radio"/> Multi-family <input type="radio"/> Child occupied facility		<input type="radio"/> Rental <input type="radio"/> Owner Occupied <input type="radio"/> Vacant or unknown			
Housing Agency: (agency funding the project)							
Contact Person:				Phone #:			
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							
Brief detail of scope of work (replace windows, exterior doors, interior doors, siding, encapsulate baseboards room #4, etc)							

1. Complete form.
2. Return to HHS **at least three (3) business days prior** to the commencement of abatement work.
3. If project schedule changes, mark the appropriate revision number at the top of the form and **send in at least 24 hours prior to change**.

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