

Application Date: _____

Multi-Family Signature Sheet Attached

CERTIFICATE OF COMPLIANCE APPLICATION
Childhood Lead Poisoning Preventive Maintenance Program

Applicant Information

New Applicant Renewal

Owner's Name: _____ Phone: (____) _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Managing Agent's Name: _____ Phone: (____) _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Property Information

Property Address: _____

City: _____, NC Zip Code: _____ County: _____

Is this application for more than two residential units? Yes No

If yes, please attach a completed *Multi-Family Signature Sheet* to this application.

Has the local environmental health agency required remediation of lead poisoning hazards at this address? Yes No If yes, List unit numbers requiring remediation) _____

Compliance Information

Include the following with this application:

- This form stating compliance with all provisions of the Maintenance Standard;
- A copy of the tax record or other documentation indicating the year the residential housing unit was built;
- A written summary of the inspection conducted by a Certified Lead Inspector or Risk Assessor;
- Measurements of at least two composite dust samples as specified in 15A NCAC 18A .3108(C)(4) or a minimum number of four individual dust wipe samples (two each from floors, and either interior window sills or window troughs). All samples must be collected by a *certified lead inspector or certified risk assessor* and should be collected two months before the application date and analyzed by a laboratory recognized by the U.S. Environmental Protection Agency (EPA) pursuant to section 405(b) of the Toxic Substances Control Act as being capable of performing analysis for lead in paint, dust and soil samples.
- The signature of the occupant, if any, acknowledging they have received the following:
 - A. The EPA pamphlet, *Protect Your Family From Lead In Your Home*;
 - B. The NC Department of Environment and Natural Resources pamphlet, *North Carolina's Lead-Based Preventive Maintenance Program*;

- C. Summaries of any reports prepared by a certified lead inspector, certified lead risk assessor, local environmental health agency, or the Children's Environmental Health Branch on lead-based paint hazards in this dwelling or associated common areas;
- D. information related to previous Certificates of Compliance issued for this residential housing unit.

Occupant's Signature _____ Unit Address: _____ Date: _____

Occupant's Signature _____ Unit Address: _____ Date: _____

The occupant refuses to acknowledge or accept the above information:

Signature _____ List Unit(s): _____ Date: _____

The above information has not been provided to the occupant because this unit is not currently occupied or leased. I will provide the above information once the property is occupied or leased.

Signature _____ List Unit(s): _____ Date: _____

SWORN STATEMENT

I _____ hereby swear or affirm that I have complied with all
 (Signature of Owner or Managing Agent)
 provisions of the Maintenance Standard in G.S. 130A-131.7(9), 15A NCAC 18A .3101, .3107 and .3108.
 Date: _____

NOTARY

Sworn to and subscribed before me this _____ day of _____, _____

Notary Public

My Commission expires _____, _____ (Official Seal)

Enclose a \$10.00 application fee per unit, in the form of a check or money order payable to: **DENR-CEHB**
 (Do Not Send Cash). Mail the Completed application form and check or money order to:

Preventive Maintenance Program
Division of Environmental Health
Environmental Health Services Section
1632 Mail Service Center
Raleigh NC 27699-1632

Tel: (888) 774-0071 Fax: (919) 715-4739

FOR DEPARTMENT USE ONLY

Check/MO Number: _____ Certificate Number(s): _____

Issue Date: _____ Approving Signature: _____ Date: _____

On-Site Monitoring Date(s)/Results: _____