

Permit # _____

Revised 4/29/21

Cabinet for Health and Family Services
Kentucky Department for Public Health

Application for Lead-Hazard Abatement Activities (Please Print Clearly)

Applicant Information

Company Name: _____ Certification Number: _____

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Work Phone: _____ County: _____ Email: _____

Supervisor _____ Cert. Number: _____ Expiration: _____

Supervisor: _____ Cert. Number: _____ Expiration: _____

Location of Activity

Location of Activity: _____ EBL Child

Name of Owner: _____ Dates of Planned Activity: _____

Project Details

Please select all fees that apply to determine total fees.

- \$50 nonrefundable application fee required for all abatement projects +
- Interior Single Family \$ 225 + Exterior \$ 125 x ___ Buildings + Multi Family Interior \$ 100 x ___ Units +
- Soil \$ 50 + Amended Permit \$ 25 = Total Fees _____

Additional Required Documents:

- Abatement Plan

Please make all checks out to Kentucky State Treasurer.

Affidavit and Signature

I propose to manage and/or conduct lead-hazard abatement activities in the above indicated location in accordance with procedures and work practice standards included in 902 KAR 48:040, and shall notify the Department of the completion of the abatement services and required clearance testing.

Supervisor(s) Signature: _____ Date: _____

For Department For Public Health Use Only

Check: _____ Amount: _____

Date Received: _____ Processed By: _____



Mail To:
Compliance
Environmental Lead Program
275 East Main Street HS1EB
Frankfort, KY 40621

