



STATE OF TENNESSEE
 DEPARTMENT OF ENVIRONMENT AND CONSERVATION
 DIVISION OF SOLID WASTE MANAGEMENT—TOXIC SUBSTANCES PROGRAM
 Davy Crockett Tower, 7th Floor
 500 James Robertson Parkway
 Nashville, TN 37243

PROJECT NUMBER - OFFICE USE ONLY

LEAD-BASED PAINT ACTIVITY NOTIFICATION

ILLEGIBLE FORMS WILL NOT BE ACCEPTED. COMPLETE ALL SECTIONS OF THIS LBP NOTIFICATION FORM BEFORE SUBMITTING TO THE STATE OF TENNESSEE LBP PROGRAM. ALSO, TYPE OR PRINT ALL RESPONSES IN BLACK OR BLUE INK ONLY.

1. PROPERTY INFORMATION:	PROPERTY NAME	ADDRESS	CITY	STATE	ZIP
	OCCUPANT NAME	PHONE ()	PROPERTY OWNER PHONE ()		
	OWNER NAME	ADDRESS	CITY	STATE	ZIP

2. ACTIVITY - CHECK ALL THAT APPLY:

A. TYPE OF ACTIVITY: <input type="checkbox"/> ABATEMENT -FEE DUE <input type="checkbox"/> RENOVATION <input type="checkbox"/> INSPECTION <input type="checkbox"/> RISK ASSESSMENT <input type="checkbox"/> CLEARANCE	B. REASON FOR ACTIVITY: <input type="checkbox"/> VOLUNTARY <input type="checkbox"/> HUD GRANTEE <input type="checkbox"/> ALL FEDERAL AGENCIES AND DEPARTMENTS OTHER THAN HUD <input type="checkbox"/> PUBLIC HOUSING AUTHORITY <input type="checkbox"/> TENNESSEE HOUSING DEVELOPMENT AGENCY	C. HOURS OF OPERATION: <input type="checkbox"/> DAY (5AM - 5PM) <input type="checkbox"/> EVENING (5PM - 8PM) <input type="checkbox"/> NIGHT (8PM - 5AM) <input type="checkbox"/> WEEKEND NUMBER SITE PERSONNEL <input type="text"/>	D. PROJECT DATES: START _____ MM / DD / YYYY END _____ MM / DD / YYYY <input type="checkbox"/> INITIAL NOTIFICATION <input type="checkbox"/> NOTIFICATION REVISION # _____ <input type="checkbox"/> CANCELLATION INITIALS _____ DATE _____
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E. DWELLING: OWNER OCCUPIED TENANT OCCUPIED UNOCCUPIED

F. TYPE OF FACILITY: <input type="checkbox"/> TARGET HOUSING <input type="checkbox"/> SINGLE FAMILY DWELLING # OF CHILDREN LIVING IN DWELLING: UNDER AGE 6 _____ AGES 6 TO 17 _____ <input type="checkbox"/> PREGNANT WOMAN LIVING IN DWELLING <input type="checkbox"/> MULTI-FAMILY COMPLEX <input type="checkbox"/> CHILDREN ARE LIVING IN COMPLEX <input type="checkbox"/> CHILD OCCUPIED FACILITY (i.e. DAYCARE, PRE-SCHOOL) # OF CHILDREN _____ AGE RANGE _____	G. PROJECT INCLUDES: <input type="checkbox"/> INTERIOR WORK <input type="checkbox"/> EXTERIOR WORK <input type="checkbox"/> SOIL <input type="checkbox"/> WINDOW(S)	H. SITE DESCRIPTION: <input type="checkbox"/> WOOD <input type="checkbox"/> STUCCO <input type="checkbox"/> BRICK <input type="checkbox"/> SIDING	I. MISCELLANEOUS: YEAR BUILT _____ # OF LEVELS _____ # OF UNITS _____
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J. WRITE A BRIEF DESCRIPTION OF THE ABATEMENT PROJECT TO BE PERFORMED INCLUDING APPROXIMATE SQUARE FOOTAGE OF AREA TO BE ABATED AND ATTACH WITH YOUR SUBMISSION

K. Attach Contract Project Cost Sheet: By _____

L. Initial Abatement Project Cost= _____

Initial Abatement Notification Fee = Project Cost x 0.02 = _____

Revised Abatement Notification Fee = \$50

Increased Abatement Project Cost = _____

Increased Abatement Notification Fee = Project Cost x 0.02 = _____

PROPERTY ADDRESS

3. FIRM / CONTRACTOR INFORMATION:	FIRM / CONTRACTOR NAME	CERTIFICATION NUMBER	EXPIRATION DATE
	STREET ADDRESS	CITY	STATE ZIP
	PHONE ()	FAX ()	EMAIL ADDRESS

4. PROJECT SITE SUPERVISOR:	NAME	CERTIFICATION NUMBER	EXPIRATION DATE
	PHONE ()	FAX ()	EMAIL ADDRESS


5. REPORTS ATTACHED:

COMPLETE THIS SECTION FOR ALL INDIVIDUALS WHO CONDUCT WORK OR CREATE THE ATTACHED DOCUMENTS (PRINT CLEARLY):

<input type="checkbox"/> OCCUPANT PROTECTION PLAN	PREPARED BY	CERTIFICATION NUMBER	EXPIRATION DATE
<input type="checkbox"/> INSPECTION REPORT	CONDUCTED BY	CERTIFICATION NUMBER	EXPIRATION DATE
<input type="checkbox"/> RISK ASSESSMENT	CONDUCTED BY	CERTIFICATION NUMBER	EXPIRATION DATE
<input type="checkbox"/> SPECIFICATIONS	PREPARED BY	CERTIFICATION NUMBER	EXPIRATION DATE
<input type="checkbox"/> ABATEMENT REPORT	PREPARED BY	CERTIFICATION NUMBER	EXPIRATION DATE
<input type="checkbox"/> CLEARANCE	CONDUCTED BY	CERTIFICATION NUMBER	EXPIRATION DATE

6. CERTIFICATION AND SIGNATURE:

I certify under penalty of law that this document and all attachments were prepared by me, or under my direction or supervision. The submitted information is to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. As specified in Tennessee Code Annotated Section 39-16-702(a)(4), this declaration is made under penalty of perjury.

	_____	_____
	FIRM / CONTRACTOR REPRESENTATIVE SIGNATURE	(PRINT) NAME OF REPRESENTATIVE
	_____	_____
	(PRINT) NAME OF FIRM / CONTRACTOR	DATE SIGNED (mm / dd / yyyy)

7. RETURNING YOUR NOTIFICATION FORM:

COMPLETE ALL SECTIONS OF THIS LBP NOTIFICATION FORM BEFORE SUBMISSION. INCOMPLETE OR ILLEGIBLE NOTIFICATION FORMS AND/OR SUBMITTED DOCUMENTATION WILL NOT BE PROCESSED, BUT SHALL BE DEEMED AS NON-SUBMITTAL PURSUANT TO THE LBP RULE, CHAPTER 0400-01-.01(k)(6) REQUIREMENTS. YOU WILL BE NOTIFIED OF THE DISCREPANCIES VIA FAX OR EMAIL AND RESUBMISSION WILL BE REQUIRED, PRIOR TO THE PROJECT START DATE.

MAIL NOTIFICATION FORM TO: STATE OF TENNESSEE DEPARTMENT OF ENVIRONMENT AND CONSERVATION DIVISION OF SOLID WASTE MANAGEMENT—TOXIC SUBSTANCES Davy Crockett Tower, 7th Floor 500 James Robertson Parkway Nashville, TN 37243	FAX: Not acceptable for 'official documents'	TDEC OFFICE USE ONLY:
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