



Department of Health  
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**Application for Permit to Remove Exterior Paint**  
**Board of Health Ordinance #02-2011**

**Applicant:**

Company Name: \_\_\_\_\_ Tel. # \_\_\_\_\_  
Company Owner: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Location of Structure:**

Property Owner – Name: \_\_\_\_\_ Tel. # \_\_\_\_\_  
Street/Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Work Description:**

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Does the proposed work involve a structure built before 1978? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Does the proposed work involve any of the following, a residential structure, a child care facility or a school? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Will the proposed work involve disturbing more than twenty square feet of the exterior painted surface? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If you answered yes to all three questions you **MUST** list your RRP (EPA's Lead Renovation, Repair and Painting Rule) certification number here:

\_\_\_\_\_

Applicant's signature: \_\_\_\_\_

**Fee: \$15.00 per structure**

**FOR HEALTH DEPARTMENT USE ONLY:**

Check #: \_\_\_\_\_ Cash: \_\_\_\_\_

Building/House -Permit # \_\_\_\_\_ Detached Garage – Permit# \_\_\_\_\_

Date Issued: \_\_\_\_\_ Issued By: \_\_\_\_\_