DELAWARE HEALTH AND SOCIAL SERVICES
Division of Public Health
Healthy Homes and Lead Poisoning Prevention

NOTIFICATION OF LEAD-BASED PAINT RRP ACTIVITIES

Important: Only a representative of the certified firm may complete this form. If you have questions about this form, call the Healthy Homes and Lead Poisoning Prevention Prog ram at 302-744-4546. Type or print responses in black or blue ink only. Email to: DHSS_DPH_HHLPP_LEAD@ Delaware.gov

A. Type of Notification Indicate the type of notification. An updated notification must be submitted if work will be begin on a date other than that reported on an original notification. **Form needs to be received by DHSS five business days prior to start work date.**

☐ Original ☐ Updated ☐ Cancellation

B. Emergency Notification ☐ No ☐ Yes. If yes include documentation showing a copy of the emergency RRP order.

C. Activity Start and End Dates Specify the dates you will begin and end lead-based paint activity.

If necessary, estimate the end date using your best professional judgment.

Start date: _____ End date: _____
Month/Day/Year Month/Day/Year

D. Description of Activity This section relates to the building where RRP work will be performed.

Type of Building: ☐ Single Family Dwelling ☐ Multi-Family Dwelling ☐ Child-Occupied Facility

Property name (if applicable): _____

Property address, including apartment and/or unit number(s):

_____
Street Address City State ZIP

Square footage of project: _____

Please print or type a brief description of RRP project to be performed. (Enclose additional paper if necessary.)

E. Firm Information

Name: _____ Firm's Delaware Certification Number: _____
Print

Address: _____
Street Address City State ZIP

Phone Number: _____

F. Certified RRP Renovator' s Information Name:

_____
Print: Last Name First Name

Delaware Certification Number: _____

G. Firm Affirmation Note that this form is incomplete without a signature.

I hereby attest and affirm that the information included on this notification form is true and accurate to the best of my belief and knowledge. I acknowledge that any approval authorized pursuant to this notification will be subject to revocation if issuance was based on incorrect or inadequate information that materially affected the decision to issue the approval.

Name: _____ Title: _____
Print: Last Name, First Name

Signature: _____ Date Signed: _____