



START WORK NOTIFICATION

This form must be emailed to doh.leadprogram@health.ri.gov or faxed to (401) 222-2456 or 222-7759 to be received by the Department of Health at least **7 days before** beginning the work specified below.

Type of License

Check one

- Lead Contractor (LC) **OR**
- Lead Renovation Firm (LRF)

Check all that apply

- *Protect Your Family from Lead in Your Home* distributed
- *Renovate Right* distributed
- Proof of distribution on file

Type of Notification (check one) Original Revised Canceled

Note: If a variance was granted, a copy of the written request and approval letter must be attached to this form.

Project Schedule Start Date _____ End Date _____

Property Information (check all that apply) Vacant Unit Occupied Unit Occupant(s) Relocated

Street Address _____ City, State, Zip Code _____

Facility/Unit(s)/Area(s) _____

Note: Occupants must be relocated during interior Lead Hazard Reduction work.

Owner Information

Name(s) _____

Check if address is same as the address listed in the above **Property Information** section (skip to next section)

Street Address _____ City, State, Zip Code _____

Phone _____ Other Contact _____

Lead Hazard Reduction or Lead Hazard Control Project (check all that apply)

- Child Care Facility Single Family Dwelling Multi-Family Dwelling
- Interior Paint Exterior Paint Common Area Paint Window Replacement _____ (# of Windows)
- Mechanical Paint Removal or Demolition Other (specify): _____

Notice or Order from Government Agency

Agency Name _____ Date of Issue _____

Person Issuing Order _____ Title _____

Lead Contractor or Lead Renovation Firm Information

Company Name _____ LC or LRF License # _____

Street Address _____ City, State, Zip Code _____

Phone _____ Other Contact _____

Print Name of Assigned Lead Supervisor or Lead Renovator _____

I certify that all the above information is true and correct.

Print Name

Title

Signature

Date