



## Cleveland Department of Public Health Lead Maintenance Certificate Application

<b>Application Type:</b>	<input type="checkbox"/> Initial	<input type="checkbox"/> Renewal	<input type="checkbox"/> Provisional (no current tenants)
<b>Building Use</b> (circle one):	Residential	Child Care Facility	School

### SECTION I- PROPERTY INFORMATION

Address:	City: Cleveland	Zip Code:
----------	-----------------	-----------

### SECTION II- OWNER INFORMATION

Type (circle one)	Sole Owner	Partnership	Corporation
Name(s)			
Address	City	State	Zip Code
Phone ( )			

**Use separate sheet for additional owners/partners/statutory agents/corporate officers not listed**

### SECTION III- MANAGEMENT INFORMATION- (Building Manager, Custodian, etc.)

Name		Title	
Address	City	State	Zip Code
Phone ( )			

### SECTION IV- COMPLIANCE INFORMATION

**Include the following with this application:**

- Essential Maintenance Practices Training Certificate for owner and/or manager
- Documentation of Specialized Lead Dust Cleaning- including date, completed by, and description of cleaned areas
- Clearance inspection report conducted by a Licensed Lead Inspector or Licensed Risk Assessor
- Dust Sampling results collected by a Licensed Lead Inspector or Licensed Risk Assessor

**By checking the following boxes you affirm that:**

**Tenants are informed about the dangers and control of lead hazards**

- I or my agent gave all tenants *Protect Your Family from Lead in Your Home* booklet

**Tenants are given notice to report lead hazards**

- I or my agent instructed tenants to immediately report any peeling/damaged paint, water leaks, or other damages to painted surfaces, or bare soil to the landlord/building manager

**Lead Hazards are Disclosed to Tenants and Prospective Tenants**

- I or my agent annually inform tenants/prospective tenants of any known lead hazards, records, and reports in the above-referenced property

**Lead Hazards are Disclosed in Lease or Rental Agreement**

- A statement of any known lead hazards in the above-referenced property is contained in the lease or rental agreement

**CERTIFICATION:**

**UNDER PENALTY OF PERJURY, I \_\_\_\_\_ hereby certify that that the information provided below is correct; all the necessary repair work completed to meet the requirements of the Lead Maintenance Certificate was performed in a lead-safe manner, by properly trained persons, as specified in Cleveland Ordinance No. 1027-04; I will continue to maintain the property in a lead-safe manner for this one year certification period.**

<b>Owner Signature</b>	<b>Date</b>
------------------------	-------------

**NOTARY**

**Sworn to and subscribed before me this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.**

\_\_\_\_\_  
Notary Public

**My Commission expires \_\_\_\_\_, \_\_\_\_\_.**

**(Official seal)**

**Keep a copy of this completed form and related documentation of lead maintenance for at least 3 years.**

**Send completed application and \$10.00 per unit filing fee to:**

Childhood Lead Poisoning Prevention Program  
Cleveland Department of Public Health  
1925 St. Clair Avenue  
Cleveland, Ohio 44114  
(216) 263-LEAD (5323)

**Make check/money order payable to City of Cleveland**

**The Certificate is valid for one year from date of issuance.**

**To be completed by the Cleveland Department of Public Health**

Filing Date:	Amount:	Cash/Check
Year Built:	SPA:	Ward:
Authorized use:		Use district:
Approved:	Not approved:	Date:
Reason not approved:		
Effective Date:	Expiration Date:	
Certificate Issuance Date:		