

EMERGENCY WAIVER REQUEST



Accounting/Finance Use Only  
FINANCE ID: \_\_\_\_\_

Approved: \_\_\_\_\_

DLI PERMIT NUMBER: \_\_\_\_\_  
(If amended, indicate the original permit number)

**PERMIT APPLICATION AND NOTIFICATION FOR LEAD ABATEMENT AND RENOVATION**

**Section 1 - Type of Notification (Check the box that indicates the type of notice you are submitting)**

Original       Amendment/Revision       Cancellation       Blanket

**Section 2 - Type of Project (Check the box that indicates the type of project you will be performing)**

Lead Abatement       Emergency Lead Abatement       Lead Renovation       Emergency Lead Renovation

**Section 3 - Property Owner or Manager Information**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact: \_\_\_\_\_ Telephone #: \_\_\_\_\_

**Section 4 - Lead Abatement Contractor Information (complete ALL of Section 4, if this is a Abatement Operation)**

Name: \_\_\_\_\_

Federal Employer ID #: \_\_\_\_\_ [Click here.](#) License #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact: \_\_\_\_\_ Telephone#: \_\_\_\_\_

**Section 5 - Renovation Firm Information (complete ALL of Section 5, if this is a Renovation Operation)**

Name: \_\_\_\_\_

Federal Employer ID #: \_\_\_\_\_ Certification #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact: \_\_\_\_\_ Telephone#: \_\_\_\_\_

**Section 6 - Facility Information**

Building Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: VA Zip: \_\_\_\_\_

Site Location: \_\_\_\_\_ Building Size: \_\_\_\_\_ SqFt. # of Floors: \_\_\_\_\_ Age in Years: \_\_\_\_\_  
(room #, basement, 1<sup>st</sup> floor , etc)

Type of Facility:  Single Family Dwelling     Multi-Family Dwelling     School, Daycare, or Other Child-Occupied Facility  
 Other

**Section 7- Work Schedules** Check if this section is being revised from a previous submittal

Scheduled dates for Lead Abatement or Renovation (Submit notification 20 calendar days prior to start)

Start: \_\_\_\_\_ Finish: \_\_\_\_\_

Days of Operation:  Mon.-Fri.     Sat.- Sun.

Other:  Mon  Tues  Wed  Thu  Fri  Sat  Sun

Hours of Operation: \_\_\_\_\_ AM/PM - \_\_\_\_\_ AM/PM

Comments: \_\_\_\_\_

Registrar's Office  
Filed 10/2015

<b>Section 8 – Amount of Lead-Based Paint Affected</b>		<b>Check if this section is being revised from a previous submittal</b> <input type="checkbox"/>	
Procedures used to detect the presence and amount of lead: <input type="checkbox"/> XRF Report <input type="checkbox"/> Paint Chip Analysis <input type="checkbox"/> Other: _____			
Lead Inspector/Risk Assessor:		License#:	
Indicate the amount of lead-based paint that will be removed, disturbed, encapsulated, etc.			
Linear Feet :		Surface Area (square feet):	
<b>Section 9 - Work Procedures</b>		<b>Check if this section is being revised from a previous submittal</b> <input type="checkbox"/>	
Description of work to be performed (Check all that apply) :			
<input type="checkbox"/> Dust Removal/Control	<input type="checkbox"/> Encapsulation	<input type="checkbox"/> Chemical Stripping	<input type="checkbox"/> Interior
<input type="checkbox"/> Component Replacement	<input type="checkbox"/> Enclosure	<input type="checkbox"/> Soil Removal/Abatement	<input type="checkbox"/> Exterior
<input type="checkbox"/> Component Removal	<input type="checkbox"/> Wet Scraping	<input type="checkbox"/> Paving	<input type="checkbox"/> Both Interior and Exterior
<input type="checkbox"/> Paint Stabilization	<input type="checkbox"/> Heat Gun	<input type="checkbox"/> Other _____	
Work practices and engineering controls to prevent lead-based paint emissions (Check all that apply):			
<input type="checkbox"/> Adequately Wet Materials	<input type="checkbox"/> Negative Air Containment	<input type="checkbox"/> Mini-enclosure	<input type="checkbox"/> Work area delineated
<input type="checkbox"/> Seal Waste in Leak Tight Containers	<input type="checkbox"/> Other		
<b>Section 10 - Emergency Waiver Request</b>			
Check the Emergency Waiver Request box on page 1 and attach a letter from the property owner or manager explaining the nature of the emergency.			
Date and Hour of Emergency: _____ Time: _____			
Explanation of how the event caused a lead hazard and warranted immediate action:			
<b>Section 11 - Abatement Ordered by A Government Agency</b>			
Name:		Title:	
Authority:			
Date Ordered:		Date Abatement Ordered to be Completed:	
<b>Section 12 -Transporters and Waste Disposal Site</b>		<b>Check if this section is being revised from a previous submittal</b> <input type="checkbox"/>	
<b>Transporter #1:</b>			
Address:			
City:		State:	Zip:
Contact:		Telephone:	
<b>Transporter #2:</b>			
Address:			
City:		State:	Zip:
Contact:		Telephone:	
<b>Waste Disposal Site:</b>			
Address:			
City:		State:	Zip:
Contact:		Telephone:	Landfill permit#:

**Section 13 - Fees**

The lead project permit fee, when applicable, **MUST** be submitted with the completed project notification form. The lead project permit fee shall be in accordance with the following schedule.

1. The greater of \$100 or 1% of the contract price, with the maximum of \$500. Include a copy of the contract, showing the dollar amount for this project.
2. \$15 for each amended notification.

The lead project permit fee may be paid by check, money order, or credit card (**VISA** and **MASTERCARD** only). Make checks payable to the **TREASURER OF VIRGINIA**. If payment is made by credit card, complete the Credit Card Authorization Form and submit with the application.

- 1.0% of the contract price. Contract price \$ \_\_\_\_\_ X .01 (1%) = \$ \_\_\_\_\_
- \$100
- \$500 – maximum fee
- \$15 – amended notification
- \$0 – A lead project permit fee is not required for residential buildings.

Enter the total fee due for the project: \$ \_\_\_\_\_

**Section 14 - Certification**

Check if this section is being revised from a previous submittal

I certify that an individual trained in the provisions of the Department of Professional and Occupational Regulation (DPOR) requirements for licensure will be on-site during the abatement/renovation and evidence that the required training has been accomplished by this person will be available at the project site for inspection.

Supervisor: \_\_\_\_\_ License #: \_\_\_\_\_  
Signature of \_\_\_\_\_  
Owner/Operator: \_\_\_\_\_ Date: \_\_\_\_\_

I certify that the information submitted is accurate to the best of my knowledge and that accredited persons are being used on this project.

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please make sure that all required fields have been completed. Incomplete notifications will not be processed.**

**Section 15-Submission** Address notifications as described below:

Original notifications must be sent by FAX, certified mail, or hand delivered to the department at the address below.

DEPARTMENT OF LABOR AND INDUSTRY  
Attention: Accounting/Finance  
MAIN STREET CENTRE  
600 EAST MAIN STREET, SUITE 207  
RICHMOND, VA. 23219  
FAX (804) 371-7634

For additional information concerning the completion of this form, please contact the Virginia Department of Labor and Industry Lead and Asbestos Program at (804) 786-9865 or visit our web site at

[http://www.doli.virginia.gov/leadasbestos/leadasbestos\\_intro.html](http://www.doli.virginia.gov/leadasbestos/leadasbestos_intro.html)



COMMONWEALTH OF VIRGINIA



DEPARTMENT OF LABOR AND INDUSTRY

### CREDIT CARD AUTHORIZATION FORM

**Non-Fillable Form**

This information is confidential. This form will only be kept by the Department of Labor and Industry Finance Department. Please print, complete and submit with applicable documentation. Incomplete forms may be returned for completion, which will delay processing. **(Please Print Legibly)**

Company Name: \_\_\_\_\_

Federal Employer Identification Number: \_\_\_\_\_

Name Listed on Credit Card: \_\_\_\_\_

Cardholder Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Daytime Phone Number: ( ) \_\_\_\_\_ - \_\_\_\_\_

Reference/Invoice/Inspection Number (if applicable) \_\_\_\_\_ (9 digits)

Credit Card Type:  Visa  MasterCard (Only Check One)

Credit Card # \_\_\_\_\_

Expiration Date: \_\_\_\_/\_\_\_\_(Month/Year) Payment Amount: \_\_\_\_\_

Cardholder Signature \_\_\_\_\_ Date: \_\_\_\_\_

I certify that I am the authorized holder and signer of the credit card referenced above. I certify that all information above is complete and accurate. I hereby authorize the Department of Labor and Industry to process payment for all charges as indicated above. If additional charges are going to be authorized, a new form will have to be completed.

Mail or Fax Completed Form to:  
Department of Labor and Industry 600 East Main Street, Suite 207  
Attention: Accounting / Finance Richmond, VA 23219  
Fax: 804-371-7634 Payment Questions: (804)786-9870

**FINANCE USE ONLY**

PROGRAM:

- ASBESTOS/LEAD
- BOILER
- LABOR LAW
- APPRENTICESHIP
- CONFERENCE
- VOSH
- FOIA
- ADMINISTRATION
- OTHER

FINANCE ID #

DATE: \_\_\_\_\_

PROCESSED BY: \_\_\_\_\_