

Exemption #: _____

OFFICE OF ENVIRONMENTAL HEALTH
CITY OF PATERSON -LEAD-BASED PAINT ORDINANCE
176 BROADWAY, PATERSON, NEW JERSEY 07505
(973)-321-1277 EXT. 2756/2762

Application for a Certificate of Exemption

Date of Application: _____

Note: Valid proof must be provided to process.

CHECK ONE: Initial Request: \$150.00(per unit) Duplicate Certificate Request: \$50.00/ #_____
LEAD REGISTRY APPLICATION \$350 (per property)
ORIGINAL LEAD FREE CERTIFICATE REQUIRED AND COPIED BY DIVISION OF HEALTH STAFF

1.) Name of Applicant: _____

2.) Address of Applicant: _____

_____ City State Zip Code

Telephone #: _____ Cell Phone #: _____

3.) Address for Exemption: _____

How many apartments/units are in this premise? _____ Any Porch(s)/Balcony: ___yes ___no

***(If a commercial business is located on the first (1st) floor, you must indicate this in the summary of the report and attach a picture of the premises to this application). Please note requirements must be met to**

4.) Name of Owner: _____

5.) Address of Owner: _____

_____ City State Zip Code

6.) Telephone #: _____ Cell Phone #: _____

Please complete; check all that apply:

A. Owner-occupied single family dwelling and /or premises.

B. Premises are newly constructed after 1980. No part of this structure was in existence or built prior to 1980.

List year premises was constructed: _____

Was any part of structure in existence prior to 1980 Yes _____ No _____

A Certificate of Exemption issued may be revoked if any information on this application is found to be fraudulent.

Be aware that there is a Child Lead Poisoning Program. This exemption does not supersede any Federal or State statutes, rules or regulations or any other applicable laws if this premise is associated with a child lead poisoning case. By signing I acknowledge that this application includes all required documents.

Disclosure of this application information will be issued to applicant/owner only.

Applicant Printed Name

Signature

Date

(For Official-Use Only)

Date: _____ Fee Collected: \$ _____ Received by: _____

(For Initial Certificate of Exemption Request – Official-Use Only)

Reviewed by: _____

Exemption:

Approved _____ Date Approved: _____ Exemption #: _____

Denied _____ Date Denied: _____

If denied, reason for denial: _____

Comments: _____

For Duplicate Requests: (Office staff MUST attach a copy of the duplicate to this application)

Date of Initial Exemption Approval: _____ Approved Exemption # _____

Processed by: _____ Date Duplicate Issued: _____

(Circle which applies): Initial / Duplicate

Duplicate Certificate Received By:

Signature: _____ Print Name: _____ Date: _____
