



# LEAD SAFE CERTIFICATION APPLICATION

City of Cleveland Heights  
Department of Planning &  
Development - Housing Division

40 Severance Circle Cleveland  
Heights, Ohio 44118

Date:          
M M D D Y Y Y Y

## Submitted By:

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

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

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Relation to Property:  Inspector/Risk Assessor  Owner  Property Manager  Other \_\_\_\_\_

## Property Location:

## Property Profile:

Street Address: \_\_\_\_\_ Year Built: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_ Total Number of Units: \_\_\_\_\_

Permanent Parcel Number: \_\_\_\_\_ Number of Units Inspected/Tested: \_\_\_\_\_

Is Your Property a Rental? \_\_\_\_\_ Rental Registration #: RR \_\_\_\_\_

## Clearance/Risk Assessment Performed On:

Date:         Time: \_\_\_\_\_  AM  PM  
M M D D Y Y Y Y

## Owner's Information:

Owner's Name: \_\_\_\_\_

Owner's Address: \_\_\_\_\_  
(Street, City, State, Zip Code)

## Property Prepared/Cleaned/Remediated By:

ODH License #/RRP Certification #: \_\_\_\_\_

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

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

City, State, Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

## Clearance/Risk Assessment Performed By:

Name of Investigator: \_\_\_\_\_

Ohio Department of Health (ODH) Certification #: \_\_\_\_\_ Job Title: \_\_\_\_\_

Company/Firm: \_\_\_\_\_ EPA/ODH Lead Firm Certification # \_\_\_\_\_

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

City, State, Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

# LEAD SAFE CERTIFICATION APPLICATION

## Lab Information:

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

Lab Accreditation Number: \_\_\_\_\_

## Clearance Examination Findings:

- Passed Clearance Examination
- Failed Clearance Examination

## XRF Paint Inspection Findings:

Lead Paint Present

Lead Paint Not Present

Paint Inspection Performed On: \_\_\_\_\_

Please attach additional ODH credential and Lab information on a separate sheet if examinations/inspections performed by multiple vendors.

## Risk Assessment Inspection Findings:

- Active Lead Hazards Identified
- No Active Lead Hazards Identified

I hereby certify that the information provided on this cover sheet is an accurate representation of the information contained in the attached Lead Clearance/Lead Risk Assessment Report and that the report was prepared pursuant to the guidelines in Ohio Administrative Code Section 3701-32.

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

Send to [zravanelli@clevelandheights.gov](mailto:zravanelli@clevelandheights.gov) or on your Citizen Serve portal

City Of Cleveland Heights Department of Planning & Development- Housing Division