



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:

Street Address: _____

City, State, Zip Code: _____

Permanent Parcel Number: _____

Is Your Property a Rental? _____

Property Profile:

Year Built: _____

Total Number of Units: _____

Number of Units Inspected/Tested: _____

Rental Registration #: RR _____

Clearance/Risk Assessment Performed On:

Date:
M M D D Y Y Y Y Time: _____ ☐ AM ☐ PM

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

Risk Assessment Inspection Findings:

☐ Active Lead Hazards Identified

☐ No Active Lead Hazards Identified

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.

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 or on your Citizen Serve portal

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