



CITY OF CLEVELAND
Mayor Frank G. Jackson

City of Cleveland
Department of Building and Housing
Division of Record Administration
601 Lakeside Avenue E., Rm. 517
Cleveland, Ohio 44114

LEAD SAFE CERTIFICATION APPLICATION

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 Code: _____

Property Profile:

Year Built: _____

Total Number of Units: _____

Number of Units Inspected/Tested: _____

Clearance/Risk Assessment Performed On:

Date:
M M D D Y Y Y Y

Time: _____ AM PM

Owner's Name:

Owner's Name: _____

Prepared By:

Contractor Name: _____

Contractor Address: _____

City, State, Zip Code: _____ Phone: _____

Clearance Performed By:

Name of Clearance 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

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: _____

Printed Name: _____

Submit this form and the associated inspection report via email to: LeadCertCLE@city.cleveland.oh.us or via postal mail to: City of Cleveland Department of Building and Housing Division of Records Administration; 601 Lakeside Avenue E., Rm 517; Cleveland, Ohio 44114. Must be postmarked within 30 days of the date of inspection.