



STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH SERVICES
BUREAU OF PUBLIC HEALTH PROTECTION
 29 HAZEN DRIVE, CONCORD, NH 03301
 603-271-4524 1-800-852-3345 Ext. 4524
 Fax: 603-271-3991 TDD Access: 1-800-735-2964
 www.dhhs.nh.gov

Lori A. Shibinette
 Commissioner

Lisa M. Morris
 Director

Request for a Variance or Interim Control Use Form

I. OWNER INFORMATION

| | | |
|-----------------|-------|--------------|
| Name | | Phone |
| Mailing Address | | Suite/Apt. # |
| City | State | Zip Code |
| Email Address | | |

II. PROJECT INFORMATION

| | | |
|--|-------|----------------|
| Property Address | | HHLPPP Order # |
| City | State | Zip Code |
| Have all residents within this building been given a copy of this variance request? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Have all residents within this building been notified of their right to contact the HHLPPP with their questions or concerns? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Vacant <input type="checkbox"/> Yes <input type="checkbox"/> No If not when will they be moving? Where are they moving to? | | |

III. LEAD HAZARD REDUCTION PROJECT

| | | |
|--|--------------|----------|
| Company/Person Performing Work | Phone | |
| Company Address | Suite/Apt. # | |
| City | State | Zip Code |
| Are they licensed in NH? <input type="checkbox"/> Yes license # _____ Exp. Date _____ <input type="checkbox"/> No (explain) | | |
| What is the current status of the lead hazard reduction work? | | |

IV. SPECIFICS AND REASONING

Applying for: a Variance of RSA 130-A He-P 1600 Request for Interim Control Use
 (Please select all that apply)

List the specific section (or sections) of the RSA or rule that you are requesting a variance from:

Reason for requesting the variance or use of interim controls:

V: STATEMENT OF COMPLIANCE

I certify that I have read and understand the New Hampshire Lead Poisoning Prevention Rules (He-P 1600) and the Lead Poisoning Prevention Statute (RSA 130-A). I further certify that all information contained herein, including any supplements attached, is true and correct to the best of my knowledge and belief.

Property Owner Lead Contractor Other (Specify):

Applicant Printed Name

Applicant Signature

Date

Attach a copy of the Lead Exposure Hazard Reduction Plan (LEHRP) for review by the HHLPPP for ALL requests except re-occupancy. The Plan must include all information listed within He-P 1608.05 and all information necessary to assist the HHLPPP in its evaluation of this request.

The HHLPPP's goal is to reply in writing within 10 working days of receipt of a completed request form. The HHLPPP will not review incomplete forms. The sender will receive a telephone call within 3 work days of receipt of an incomplete form, informing him/her of the missing information.

In accordance with He-P 1605.03(j), a variance or use of interim controls can be revoked by the HHLPPP if it is determined that RSA 130-A or He-P 1600 has been violated.

VI: SUBMITTING THE FORM

Scan and email: Send to ross.malcolm@dhhs.nh.gov or knatalie.vetter@dhhs.nh.gov , or
Fax to: 603-271-3991, or
Mail to:

NH Department of Health and Human Services
Healthy Homes and Lead Poisoning Prevention Program
29 Hazen Drive, Concord, NH 03301-6504