Request for a Variance Form

I. REQUESTOR INFORMATION

<table>
<thead>
<tr>
<th>Name</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mailing Address</td>
<td>Suite/Apt. #</td>
</tr>
<tr>
<td>City</td>
<td>State</td>
</tr>
<tr>
<td>Email Address</td>
<td>NH Lead Professionals’ License # (if applicable)</td>
</tr>
</tbody>
</table>

II. VARIANCE ELIGIBILITY

List the specific section (or sections) of the RSA or He-P 1600 that you are requesting a variance from:

| Do you have any outstanding administrative fines or court sanctions issued pursuant to RSA 130-A or He-P 1600? | [ ] Yes [ ] No |
| Are you in violation of any of the provisions of RSA 130-A or He-P 1600? | [ ] Yes [ ] No |
| Have all residents and other individuals affected by this variance been given a copy of this request? | [ ] Yes [ ] No |
| Have all residents and other individuals affected by this variance been notified of their right to contact the HHLPPP with their questions or concerns? | [ ] Yes [ ] No |

III. LEAD HAZARD REDUCTION INFORMATION (IF APPLICABLE)

| Property Address | DPHS Order No(s). |
| City | State | Zip Code |
| Company/Person Performing Work | Phone |
| Company Address | Suite/Apt. # |
| City | State | Zip Code |
| Are they licensed in NH? | [ ] Yes license # | Exp. Date | [ ] No (explain) |
| Has an occupant protection plan and work scope been developed for this project? | [ ] Yes [ ] No |

NH DHHS, Division of Public Health Services
Request for a Variance (VR-1)
May 2020
IV. VARIANCE REASONING AND SPECIFICS

Reason for requesting the variance:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

How will you ensure the variance request approval does not jeopardize the health and safety of others?  
(Attach the occupant protection plan for the project if applicable)

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

How will the requested variance satisfy the intent of the rules as an alternative to compliance?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

The Request for a variance form must be submitted to the HHLPPP at least 5 business days prior to initiating the work or activity that requires a variance.  Lead hazard reduction activities that require a variance shall not be conducted until written approval is received from the HHLPPP.  Variances will be revoked and fines may be issued for any violations or noncompliance with RSA 130-A, He-P 1600, the Occupant Protection Plan, the Work Scope, or any conditions imposed by the HHLPPP.

V. STATEMENT OF COMPLIANCE

I certify that I have read, understand, and agree to comply with 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.

Date: ___________________  
Applicant Signature

Print Name

Print Title
VI. SUBMIT THE REQUEST FOR VARIANCE FORM BY ONE OF THE FOLLOWING:

Scan and email: nhleadprogram@dhhs.nh.gov

Fax to: (603)271-3991, or

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

☐ DHHS/HHLPPP Approval
With conditions: __________________________________________________________

________________________________________________________________________

________________________________________________________________________

☐ DHHS/HHLPPP Denial
Reason: _________________________________________________________________

________________________________________________________________________

________________________________________________________________________

□ DHHS/HHLPPP Approval
With conditions: __________________________________________________________

________________________________________________________________________

________________________________________________________________________

□ DHHS/HHLPPP Denial
Reason: _________________________________________________________________

________________________________________________________________________

________________________________________________________________________