



STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH SERVICES
BUREAU OF PUBLIC HEALTH PROTECTION

Lori A. Shibinette
 Commissioner

Patricia M. Tilley
 Director

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 www.dhhs.nh.gov

Request for a Variance Form

I. REQUESTOR INFORMATION

Name		Phone	
Mailing Address		Suite/Apt. #	
City	State	Zip Code	
Email Address	NH Lead Professionals' License # (if applicable)		

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? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you in violation of any of the provisions of RSA 130-A or He-P 1600? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have all residents and other individuals affected by this variance been given a copy of this request? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes license # _____ Exp. Date _____ <input type="checkbox"/> No (explain)			
Has an occupant protection plan and work scope been developed for this project? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please attach)			

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: _____
