



**STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN
SERVICES**



Nicholas A. Toumpas
Commissioner

29 HAZEN DRIVE, CONCORD, NH 03301-6527
603-271-4507 1-800-852-3345 Ext. 4507
Fax: 603-271-3991 TDD Access: 1-800-735-2964

José Thier Montero
Director

Request for a Variance or Interim Control Use Form

I. OWNER INFORMATION

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

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? [] Yes [] No		
Have all residents within this building been notified of their right to contact the HHLPPP with their questions or concerns? [] Yes [] 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 # <input type="checkbox"/> No (explain)		Exp. Date
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 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 will 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.

Mail, or fax "Request for a Variance or Interim Control Use Form" to:

NH Department of Health and Human Services
Healthy Homes and Lead Poisoning Prevention Program (HHLPPP)
29 Hazen Drive, Concord, NH 03301-6527
Fax: 603-271-3991