

## **CITY OF DOUGLAS**

425 E. 10<sup>th</sup> STREET, DOUGLAS, ARIZONA 85607

TELEPHONE (520) 417-7385 FAX (520) 417-7158 TTY/TDD (520)364-1582 www.douglasaz.gov **Public Housing Authority** 

Community Development Department / Division of Neighborhoods, Housing and Grants

		LEAD TEST	PERMIT			
PERMIT NUMBER:			D	ATE ISSUED:_	/_	/
<b>Property Owners</b>						
If your home was but home if it has painted projects, test any pai create a lead-poisoni	d surfaces that inted surfaces t	are in poor condition	n. Before you be	egin home repair o	or remod	eling
The City of Douglas per single family he		home lead testing	to owners and	d landlords at a	fee of \$	350.00
General Information				Property Information		
Owner Name(s)			С	Occupancy:		
Property Address				owner occupied		
Owner's Mailing Address				□ rental		
Contact Name				☐ currently vacant		
Daytime Phone Number(s)						
Reason for Request	check all that a	apply)				
☐ Peeling paint on:	•	· · · · ·				
☐ Children under 6	in home. Indi	cate age(s)				
☐ Renovation plans	<b>ned</b> . Approxima	ate start date				
☐ minor repairs	□ one room re	model $\square$ extensive	repainting 🗖 ma	ajor remodel 🛚 ad	ddition	
Will you be disturb	ing any painte	ed surfaces?   yes	□ no			
☐ Other/Notes:						
Tenants- (if this is a re	ntal unit)					
Tenant Name		Tenant Phone Number		# of children under 6		
HEREBY AUTHORIZE THE	CITY OF DOUG	LAS TO TEST THE ABO	OVE PROPERTY	FOR LEAD. I WILL I	NOTIFY N	/IY TENAN
OWNER/LANDLORD SIGN	IATURE:			DATE:	_/	_/
OR OFFICIAL USE ONLY						
CASHIER INFORMATION:	FEE AMOUNT	T <b>\$350.00</b> FEE C	ODE: <b>001.34</b> 2	15		
HOUSING APPROVAL:	SIGNATURE:			/		
IOOSING APPROVAL.	_	Humberto Rivera, Rehabilitation Specialist Date				
SCHEDULED DATE		-, - : · · · · · · · · · · · · · · · · · ·	. 1	- <del></del>		

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