



Lead-Safe Home Remediation Pilot Grant Program

Owner's Permission for Lead-Safe Remediation (For Tenant and Owner Occupied Applicants)

Client Name: _____

Address: _____

Lead-Safe Remediation Measures to be installed:

I _____, authorize _____ to install or sub-contract the installation of lead-safe remediation measures listed above to my property located at

_____.

*Please see attached.

I further certify that the house or building at the above location is not in foreclosure or scheduled for demolition within the 12 months from the date of lead-safe remediation work.

(Signature of Owner or Authorized Agent)

Date