



Chemung County Health Department
Environmental Health Services
 103 Washington St., PO Box 588
 Elmira, New York 14902-0588

Phone: (607) 737-2019 Fax: (607) 737-2059 www.chemungcountyhealth.org

For Office Use Only	Date Received: _____
	Log Number: _____ Inspection: _____
	Assigned To: _____ TTOC: _____
	Hazards? _____ Case Closed: _____

Lead Hazard Assessment Application

Section 1: PROPERTY OWNER INFORMATION

Owner's Name: _____

Property Address: _____ City, State, Zip: _____
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Mailing Address: _____ City, State, Zip: _____

Tax Map I.D. # _____

Phone #: (____) _____ - _____ Fax #: (____) _____ - _____

E-Mail Address: _____

Section 2: OCCUPANT INFORMATION

Please indicate below the name, sex, age, and occupation (professional, laborer, housewife, student, etc.) of each occupant:

Occupant #1 _____	Sex _____	Age _____	Occupation _____
Occupant #2 _____	Sex _____	Age _____	Occupation _____
Occupant #3 _____	Sex _____	Age _____	Occupation _____
Occupant #4 _____	Sex _____	Age _____	Occupation _____
Occupant #5 _____	Sex _____	Age _____	Occupation _____
Occupant #6 _____	Sex _____	Age _____	Occupation _____
Occupant #7 _____	Sex _____	Age _____	Occupation _____
Occupant #8 _____	Sex _____	Age _____	Occupation _____

Section 3: PROPERTY INFORMATION

Single-Family _____ Owner-Occupied _____ Multiple-Unit (indicate # of units) _____
 Approx. Year Constructed _____ Recent Renovation/Remodeling _____
 # Stories _____ Total # Rooms _____ # Bedrooms _____
 Garage YES NO Attached/Unattached _____ # Porches _____
 Basement YES NO Basement Finished YES NO Attic Finished YES NO

Section 4: OWNER ACKNOWLEDGEMENT

- A. I am the legal owner of the property referenced on this form and have completed this application to the best of my knowledge and request the Chemung County Health Department to enter upon this property to conduct a lead hazard assessment of the structure(s).
- B. I understand that the Chemung County Health Department may not test EVERY building component, but will test all components that could be a potential hazard.
- C. I realize that the Chemung County Health Department will make a risk assessment for each test indicating the presence of lead and would determine what building components would require mitigation and that the Chemung County Health Department accepts no liability or responsibility for the lead surfaces identified nor for the mitigation of the same.
- D. As owner of the property, I agree to make arrangements for the mitigation of identified lead hazards as described in the final risk assessment to get my property in a condition that is considered "lead-safe" within the time-frame specified by the Chemung County Health Department. I realize that funds may be available to me through the Elmira City Community Development Office (737-5695) to perform the required mitigation described in the risk assessment.

SIGNATURE OF OWNER: _____ **Date:** _____