



## Rhode Island Department of Health Lead Hazard Mitigation Presumptive Compliance Application

<b>Information</b>			
Contact Person:			
Title:			
Phone:		Email:	
Property Owner:			
Phone:		Email:	
Owner's Address:			
City:		ZIP Code:	
List All Property Owner Registered Trade Names:			
<b>Qualified Property</b> per 860-RICR-00-00-2 Rules and <a href="#">Rules and Regulations Governing Lead Hazard Mitigation - Rhode Island Department of State (ri.gov)</a> .			
Address:			
City:		ZIP Code:	Date Constructed:
Total # of Units at Property:		5% of Units (total # x .05):	
Please provide the address, unit number, and Certificate of Lead Conformance (CLC) number for each unit that was inspected, including for multi-unit complexes.			
Street Address:		Unit:	CLC#:
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<p><b>Per Lead Hazard Mitigation <a href="#">42-128.1-4. Definitions (9)(iii)</a>, a property owner of 10 or more pre-1978 rental dwelling units shall be eligible to obtain a certificate of Presumptive Compliance provided that the following conditions are met. By checking each box, you hereby confirm that</b></p> <p><input type="checkbox"/> The dwelling units were constructed after 1960 or after 1950 on federally-owned or -leased lands;</p> <p><input type="checkbox"/> There are no major, outstanding minimum-housing violations on the premises;</p> <p><input type="checkbox"/> The property owner has no history of repeated lead poisonings; and</p> <p><input type="checkbox"/> Independent clearance inspections have been conducted on at least 5% of the dwelling units, not less than 2 dwelling units, and at least 90% of the independent clearance inspections were passed.</p> <p><b>The following documents and application are required to be considered for Presumptive Compliance. By checking each box, you hereby confirm that these documents are enclosed.</b></p> <p><input type="checkbox"/> One (1) Certificate of Lead Conformance for each passed unit and</p> <p><input type="checkbox"/> Proof of corrections if previously cited for Minimum Housing Code Violations.</p> <p><b>Note:</b> Certificates of Presumptive Compliance are valid for two years.</p>		



I certify that the information provided above is accurate to the best of my knowledge.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

Please mail the required documents to:

Rhode Island Department of Health  
Lead Hazard Mitigation Program  
3 Capitol Hill, Room 205  
Providence, RI 02908

You may also scan and email documents to [doh.leadprogram@health.ri.gov](mailto:doh.leadprogram@health.ri.gov)

Please direct questions to the RIDOH helpline at 401-222-5960.

