

**New York City Department of Health and Mental Hygiene
Notice of Commencement Form for
Work Disturbing 100 Square Feet of Lead Paint or Removing Windows**

Building owners must provide the Department of Health and Mental Hygiene (DOHMH) with the information required by this form at least 10 days before starting work that disturbs more than 100 square feet of lead-painted surface area in a room **or** removing 2 or more lead-painted windows in an apartment. This notice is required by Local Law 1 of 2004 and applies to work in apartments and common areas in multiple dwelling buildings (3 or more apartments), built before 1960 (or built between 1960 and 1978 where the owner knows lead paint is present), and where a child under 6 years of age lives.

This form is not to be used for work ordered by either the New York City Departments of Health and Mental Hygiene or Housing Preservation and Development. To use this form: Fill out form, print it, sign it, and fax it to 347-396-8926.

**A copy of this notice must be posted 24-96 hours before work begins.
Post at the entrance to the building and the entrance of the specific apartment where work will take place.**

Please complete all sections below.

A. Type of Notification (check one)

Initial notification of work Changes to initial work notification Cancellation of work

This notice must be fully completed (front and back) and signed by building owner or EPA-Certified firm performing work. Fax or hand deliver to:

New York City Department of Health and Mental Hygiene
Healthy Homes Program/Lead Poisoning Prevention – Field Support Unit
125 Worth Street, 6th Floor, CN 58, New York, NY 10013
Telephone Number: (646) 632-6002 Fax Number: (347) 396-8926

NOTE: Any changes in the information provided in this notice shall be filed with the Department of Health and Mental Hygiene prior to the commencement of work, or if work has begun within 24 hours of any change.

B. Address of Building and Location of Work

ADDRESS:	APT. NO.:
BOROUGH:	ZIP CODE:

C. Building Owner Information

NAME:	ADDRESS:	APT. NO.:
CITY:	STATE:	ZIP CODE:
SIGNATURE:	PHONE: ()	

D. EPA-Certified Firm (Contractor) Information

NAME:	ADDRESS:	
CITY:	STATE:	ZIP CODE:
SIGNATURE:	PHONE: ()	EPA CERTIFICATE NO.:

E. Dust Wipe Clearance Tester Information

NAME:	ADDRESS:	
CITY:	STATE:	ZIP CODE:
PHONE: ()		EPA CERTIFICATE NO.:

F. Start Date (MM/DD/YYYY):

Expected Date Of Completion (MM/DD/YYYY):

DAY	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Work Hours Start-End							

F. Identification of Surfaces To Be Disturbed or Windows Removed.

Note: If surfaces to be removed or disturbed include a group of the same component in the entire building, on a particular floor, or in specific apartments, then owner may describe as follows: "All windows will be removed and replaced in designated apartments (For example: apartments 2A, 3A, 5F)." If work disturbs paint on unintended components submit notification of change to DOHMH within 24 hours.

Room Name (example: living room)	Component (example: door)	Area (sq. ft.)	Method of Remediation (Example: Wet scrape and paint, enclosure, etc)