

**FREEHOLD AREA
HEALTH DEPARTMENT**

SERVING
FREEHOLD BOROUGH * FREEHOLD TOWNSHIP
MANALAPAN TOWNSHIP * WALL TOWNSHIP

1 MUNICIPAL PLAZA
FREEHOLD, NJ 07728

TELEPHONE: 732-294-2060
FAX: 732-462-2340

**APPLICATION FOR LEAD SAFE
CERTIFICATION**

Name of Owner: _____ Phone: _____

Property Address: _____

Resale Rental Date of anticipated occupancy: _____

A. Check all that apply:

Property built after 1978 Year Built: _____

Property has been tested and determined to not contain lead-based paint (attach documentation).

Property has had lead-based paint hazards remediated (attach documentation).

B. If any of the above items are checked, no visual assessment is required.

C. If no items are checked above, a lead-based paint visual assessment is required. Please call the Health Department at 732-294-2060 to schedule an appointment.

Please note that a visual assessment will **not identify the presence of lead**, only the condition of the painted surface. **Even if the visual assessment indicates that there are no deteriorated painted surfaces, this does not mean that there is not lead in the paint.** Painted surfaces must be carefully and safely maintained unless the property was inspected for the presence of lead and no lead was found or documentation is provided showing that the lead was abated.

Signature of Owner or Designee: _____ Date: _____