



CITY OF SALEM, MASSACHUSETTS

BOARD OF HEALTH
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KIMBERLEY DRISCOLL
MAYOR

LARRY RAMDIN, RS/REHS, CHO, CP-FS
ACTING HEALTH AGENT

APPLICATION FOR PERMIT TO ENGAGE IN EXTERIOR PAINT REMOVAL FEE: \$35.00

Date: _____ Property located at: _____

Owners Name _____ Telephone number: _____

Address of owner (if different from above): _____

Contractor/name of person/agent that will perform paint removal:

_____ Telephone Number: _____

Address of Contractor _____

Dates and hours when paint removal will occur:

Type of Exterior Removal to be performed-Please describe:

Clean-up procedures – Please Describe: _____

I have read the BOARD OF HEALTH “Regulation 23 Rules and Regulations”. I have had the opportunity to ask questions regarding those Rules and Regulations/ I understand them, agree to abide by them and understand that failure to do so may result in fines and/or in revocation of my Exterior Paint Removal Permit.
Pursuant to MGL, C62c, S49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

Signature: _____

SS# or Federal ID #: _____

For Board of Health Use Only

Approved by: _____

Date permit issued: / /

Permit #: _____ Check #/Date: _____