

RHODE ISLAND HOUSING RESOURCES COMMISSION

LEAD HAZARD MITIGATION

CERTIFICATE OF CONFORMANCE

Certificate#: _____

☐ Independent Clearance
Inspection

☐ Condominium Unit
Inspection

☐ Interior Only
Inspection

☐ Presumptive Compliance
Inspection

1. DWELLING OR PREMISES CERTIFIED AS MEETING CONFORMANCE:

Unit's Address: _____ Apartment/Floor/Unit #: _____

2. PROPERTY IDENTIFICATION AS SHOWN ON TAX ASSESSOR'S WEB PAGE:

Address: _____ Total Dwelling Units: _____ Plat/Lot #.: _____

City/Town _____ Zip _____

3. PROPERTY OWNER OF DWELLING OR PREMISES ADDRESS (NOT TENANT'S):

Name: _____ Telephone No.: _____

Street: _____ City/Town: _____ State: _____ Zip: _____

4. OCCUPANCY STATUS:

☐ At-risk occupant(s)

☐ Vacant

☐ Occupied-non risk occupant(s)

5. CERTIFICATION OF INDEPENDENT CLEARANCE INSPECTION PERFORMANCE

Inspection Type: _____ Inspection Date: _____

6. CERTIFICATION OF CONFORMANCE:

The dwelling or premises in Item 1 above is certified to be in conformance with the Lead Hazard Mitigation Standards as of the Certification Date specified below. Conformance is contingent upon routine maintenance of the property. This Certificate of Conformance shall be valid for two years from the date of Certification or until the next turnover of the dwelling unit, whichever is longer, provided that no more than one Independent Clearance Inspection shall be required in any twenty four months. This Certification may be extended by receipt of an Affidavit of Completion of Visual Inspection as specified by RIGL 42-128.1-4.7

(Signature)

(Type or Print Name)

RI License No: _____

Certification Date: _____