



Colorado Department  
of Public Health  
and Environment

# LEAD-BASED PAINT PERMIT MODIFICATION FORM

Submit form to:  
LBP Permit Coordinator  
Colorado Dept. of Public  
Health and Environment  
APCD-IE-B1  
4300 Cherry Creek Drive  
South  
Denver, CO 80246-1530  
Phone: 303-692-3100  
Fax: 303-782-0278  
Cdphe.lead@state.co.us

Name of abatement site:	Site Location:		
LAF/Consultant:	Phone # (    )	Fax # (    )	
E-mail Address:		Permit Number (if already issued):	

**Please check the appropriate box(es) as applicable:**

Request to cancel above notice/permit. (All but \$80 of the application fee will be returned. If you paid by check or money order, a state of Colorado Warrant will be mailed to the company appearing in the contractor box on the application. If you paid by credit card, a credit will be issued to the same account used to pay for the original application fee.)

Change in:

Supervisor: \_\_\_\_\_ Certification # \_\_\_\_\_

Inspector: \_\_\_\_\_ Certification # \_\_\_\_\_

Risk Assessor: \_\_\_\_\_ Certification # \_\_\_\_\_

Start Date: \_\_\_\_\_  End Date: \_\_\_\_\_

Work Times: \_\_\_\_\_  Disposal Site: \_\_\_\_\_  County: \_\_\_\_\_

Additional Scope of work (includes type of LBP, quantity, location in or on site and work practices):

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I certify that I am the person authorized to sign this modification on behalf of the Lead Abatement Firm and that all statements made in this modification are, to the best of my knowledge, correct and complete. (Note: Making false statements on this application constitutes second-degree perjury as defined by 18-8-503 C.R.S., and is punishable by law.)

\_\_\_\_\_  
**Authorized Representative Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Position or Title**

**THIS BOX IS FOR CDPHE USE ONLY:**

Postmark or Hand Delivery Date:	Approved By:	Code:	
Form of Payment & #:	Permit #:	Record #:	Date Issued: