

LEAD HAZARD REDUCTION GRANT PROGRAM (Federal Lead)
MAINE LEAD PAINT HAZARD ABATEMENT PROGRAM (State Lead)

CERTIFICATE OF FINAL INSPECTION

Project Funding: State Lead (Z267) State Lead (N261) Federal Lead Healthy Homes Healthy Homes Production DHHS
Agency (CAA): _____

CAA Rep Name: _____

CAA Rep Title: _____

CAA Rep Phone: _____

CAA Rep Email: _____

Project Type: ☐ Single-Family ☐ Multi-Family

Applicant (Owner): _____ **Co-Applicant:** _____

Property: _____ **Contractor:** _____

Contract Date: _____ **Lead Contract Amount:** _____

Radon Contract Amount: _____

1. The CAA Technician certifies and the Applicant(s)/Owner(s) acknowledges that the Contractor has satisfactorily completed the lead-hazard work, including all change orders, as outlined in the *Construction Contract* ("Contract") for the herein referenced Property, and final cleaning that passed HUD lead dust wipe clearance standards as outlined in the Contract between the Applicant(s) and the Contractor on the above written Contract Date.
2. The Applicant(s)/Owner(s) acknowledges that he/she received a Client Satisfaction Survey card which provides an opportunity to provide MaineHousing with information about his/her experience with the Lead Remediation Program.

Lead Designer Signature

Date

Lead Designer Name

Acknowledged by:

Applicant Signature

Date

Co-Applicant Signature

Date