

Inspectional Services Department, City of Lawrence, Massachusetts

BOARD OF HEALTH
TOBACCO CONTROL PROGRAM



PUBLIC HEALTH
CODE ENFORCEMENT
BUILDING
WEIGHTS AND MEASURES
508-794-5950

APPLICATION FOR SANDBLASTING PERMIT

FEE \$ _____

BUSINESS NAME: _____

ADDRESS: _____

TELEPHONE # : _____

EXTERIOR _____ INTERIOR _____

ADDRESS OF PROPERTY TO BE SANDBLASTED _____

DATE WORK TO BE STARTED: _____

DATE WORK TO BE COMPLETED: _____

HAS PAINT BEEN TESTED FOR LEAD? YES _____ NO _____

IF YES, COPY OF A REPORT NEEDED: _____

APPLICANT'S SIGNATURE

HOME ADDRESS