

**New Jersey Department of Health**  
**Consumer, Environmental and Occupational Health Service**  
**Environmental and Occupational Health Assessment Program**  
**PO Box 369**  
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**CHILD CARE CENTER**

NJDOH USE ONLY		
Tracking No.	Date Rec'd	
<input type="checkbox"/> Check <input type="checkbox"/> MO    No.: _____		
Logged In by: _____		

**SAFE BUILDING INTERIOR CERTIFICATION RENEWAL APPLICATION**

**Directions:** Please print clearly or type and fully complete form. When all items listed below are received, the review process will begin. However, please allow 6-8 weeks for the check to clear. You **MUST** include:

- Fee: **\$450\*** certified check or money order made payable to "NJ Department of Health" or e-payment: <http://nj.gov/health/eohap/epayments.shtml>. **(NOTE: No personal or business checks or cash will be accepted.)**
- Radon test results (<5 years old)
- Lead inspection report (for buildings built prior to 1979).

**\*Fee may vary.** If it is determined that additional environmental testing is necessary for your center, you will be required to pay the balance of the full \$1,500 fee.

1. CHILD CARE CENTER INFORMATION				
Are you a new owner / sponsor? <input type="checkbox"/> YES <input type="checkbox"/> NO		Has the center name changed since last certification? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Child Care Center Legal Name		DCF License Expiration Date	DCF License Number	
Street Address		City	County	
Contact Name		Title	Daytime Telephone	
Mailing Address <input type="checkbox"/> Check if same as above		City	State	Zip Code
Operator Name <input type="checkbox"/> Check if same as Contact Name			Daytime Telephone	
Building Owner Name <input type="checkbox"/> Check if same as Contact Name			Daytime Telephone	
Childcare Center Contact / Operator Email Address		Payment Amount \$	Check / Money Order No.(s)	<input type="checkbox"/> Check if online payment
2. INDOOR ENVIRONMENT CONDITIONS				
Prior Uses <input type="checkbox"/> Group B (Dry Cleaner or Nail/Hair Salon) <input type="checkbox"/> Group F (Factory/Industrial) <input type="checkbox"/> Group H (High Hazard) <input type="checkbox"/> Group M (Gas Station) <input type="checkbox"/> Group S (Storage) <input type="checkbox"/> Other (includes funeral homes or other prior use that may have suspected contamination)		Co-Located <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Dry Cleaner <input type="checkbox"/> Nail/Hair Salon		Year of Building Construction
Describe:		Does your center have any current or previous indoor environmental conditions that required a NJDOH clearance letter? <input type="checkbox"/> Yes <input type="checkbox"/> No		
		If Yes, were you required to conduct remediation, additional sampling and/or continued monitoring? <input type="checkbox"/> Yes <input type="checkbox"/> No    If Yes Explain:		
You must include the following: <input type="checkbox"/> Radon report less than 5 years old  If your building was built before 1978 you MUST include the following: <input type="checkbox"/> Current lead-based paint risk assessment		Since your last renewal, has a dry cleaner or nail/hair salon moved into your building or structure? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, has indoor air monitoring been conducted? <input type="checkbox"/> Yes <input type="checkbox"/> No (Attach indoor air monitoring data.)
		Have there been changes to this location since last certification? <input type="checkbox"/> YES <input type="checkbox"/> NO Is this an application to certify an expansion? <input type="checkbox"/> YES <input type="checkbox"/> NO		
3. SIGNATURE				
Operator/Contact Name (Please print legibly or type.)		Title		
Signature			Date	