



Rental License Application

DATE RECEIVED: _____

Howard County, Maryland
 Department of Inspections, Licenses, and
 Permits

3430 Court House Drive
 Ellicott City, MD 21043
 Licenses: 410-313-2455
 Inspections: 410-313-1830
www.howardcountymd.gov

License # _____

<p>LICENSE APPLICATION <i>(Check One)</i></p> <p><input type="checkbox"/> New <input type="checkbox"/> Renewal <input type="checkbox"/> Update Info <input type="checkbox"/> Transfer Owner</p>	<p style="text-align: center;">When completing the application, please note:</p> <p><i>This form must be signed by the property owner or legally authorized individual (Power of Attorney Required). Electronic Signatures are not accepted.</i></p> <p><i>The property owner's information may not contain the same address as the rental property address, unless the owner is renting out rooms, a level of a home, or an apartment in their primary residence. Clarification is required under "Type of Rental Unit."</i></p> <p><i>The property owner's information may not contain a PO Box unless listed as a business entity, or an APO/FPO/DPO Box.</i></p> <p><i>The local/resident agent is the person/entity responsible to accept legal process on the behalf of the property owner.</i></p>
RENTAL PROPERTY INFORMATION: REQUIRED – PLEASE PRINT OR TYPE	
Physical Property Address: _____ Unit: _____	
City: _____	State: _____ Zip Code: _____
Subdivision/Village/Complex Name: _____	
TYPE OF STRUCTURE:	
<input type="checkbox"/> Single Family Dwelling <input type="checkbox"/> Townhouse <input type="checkbox"/> Duplex <input type="checkbox"/> Mobile Home <input type="checkbox"/> Multi-Family Complex	
PROPERTY OWNER INFORMATION: REQUIRED – PLEASE PRINT OR TYPE	
Owner(s) Name(s) <i>(As it appears on tax records)</i> : _____	
Business Entity <i>(If applicable)</i> : <input type="checkbox"/> Corporation <input type="checkbox"/> Association <input type="checkbox"/> Partnership <input type="checkbox"/> Trust <input type="checkbox"/> Other:	
Owner's Address/Principal Office: _____	
City: _____	State: _____ Zip Code: _____
Phone: _____	Cell: _____ Fax: _____
Email: _____	
Additional Info: _____	
BILLING CONTACT: REQUIRED – PLEASE PRINT OR TYPE	
Name: _____	
Company: _____	
Address: _____	
City: _____	State: _____ ZIP Code: _____
Phone: _____	Cell: _____ Fax: _____
Email: _____	
PROPERTY MANAGEMENT:	MARYLAND LOCAL OR RESIDENT AGENT:
<i>(If Applicable)</i>	REQUIRED If owner is out-of-state or a business entity
Name: _____	Name: _____
Company: _____	Company: _____
Address: _____	Address: _____
City: _____	City: _____
State: _____	State: _____
Zip Code: _____	Zip: _____
Phone: _____	Phone: _____
Cell: _____	Cell: _____
Fax: _____	Fax: _____
Email: _____	Email: _____

TYPE OF RENTAL UNIT: REQUIRED – PLEASE PRINT OR TYPE

Single Family Dwelling Townhouse Individually Owned Condominium Duplex Mobile Home Rooming Unit(s)

of bedrooms in unit(s): _____ Other Info: _____

Apartment(s) Accessory Apartment (In Owner's Primary Residence) *Requires Prior Approval from the Department of Planning and Zoning*

of units: _____ Additional Clarification (i.e. location of unit, etc.): _____

Hotel Motel Bed and Breakfast Apartment Complex

of units: _____ Other Info: _____

Group Home Assisted Living *Sleeping areas in basement must meet minimum egress requirements*

of sleeping rooms: _____ To be licensed for _____ # of clients Other Info: _____

HOME OWNER'S ASSOCIATION OR CONDO ASSOCIATION INFORMATION: REQUIRED – PLEASE PRINT OR TYPE

Is the property part of a local Home Owner's Association or Condo Association? (Please Circle One) Yes* No

**If yes, by signing this document, I certify that my association fees are current and/or not more than 30 days past due AND there is no outstanding final adjudication against me/us for failure to pay said fees to the governing association.*

Association Name: _____

Association Address: _____

City: _____ State: _____ Zip Code: _____

Association Phone: _____ Association Email: _____

PLEASE CHECK/RESPOND TO ALL THAT APPLY:

Year Built**: _____ # of stories (Above Ground): _____ Historical District: Yes No

****Properties built before 1978 must provide a physical copy of the Maryland Department of the Environment (MDE) lead certification, which must be kept current.**

After 02/24/2006, ALL affected properties in which a person at risk (i.e. Under the age of 6, or a pregnant woman), and of whom the owner has been notified in writing, must satisfy the risk reduction standard as specified in § 6-815(a) of the Environment Article.

MDE Lead Inspection Certificate #: _____ Sprinkler System: Yes No

Type of Smoke Detector: Battery Powered Hard Wired Combo CO Unknown

Smoke detectors are required on each floor level and inside each bedroom of all residential occupancies.

Water Supply: Public Private Unknown Sewage Disposal: Public Private Unknown

Utilities: Gas Electric Unknown

AGREEMENT/DISCLAIMER:

A rental license application must be on file with the Department of Inspections, Licenses, and Permits, all necessary fees paid, and an inspection conducted and approved, before the issuance of the Rental Housing License. Applications expire 6 months after the date of application if no inspection has been conducted and approved. The Owner's contact information must be kept current to maintain the license.

I, _____ (Owner, please print) have carefully examined and read this application and know the same is true and correct, and that in renting this dwelling unit, all provisions of Howard County Ordinances and State Laws will be complied with whether herein or not.

_____, _____ Date: ____ / ____ / ____
Property Owner Original Signature **REQUIRED** Manager/ Agent Signature (If Applicable)

Fee: \$_____ Please make checks payable to: **Director of Finance, Howard County.** Renewable every two years.

THIS OFFICE MUST BE NOTIFIED IN WRITING OF ANY CHANGES; I.E. OWNER'S ADDRESS, AGENT BEING ADDED OR DELETED, PROPERTY BECOMING OWNER OCCUPIED, SOLD, OWNERSHIP TRANSFERS, ETC.

FAILURE TO DO SO MAY RESULT IN LATE FEES AND CIVIL CITATIONS PER HOWARD COUNTY CODE 14. 901 (d)(1).

FOR OFFICE USE ONLY:

Date Entered: ____ / ____ / ____ Check #: _____ Invoice# _____ Set ID: _____