



RENTAL LICENSE APPLICATION

Howard County, Maryland
Department of Inspections, Licenses and Permits
3430 Court House Drive
Ellicott City, Maryland 21043
Licenses: 410-313-2455 – Inspections: 410-313-1830
www.howardcountymd.gov

When completing the application below note that 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 accessory apartment in their primary residence.

Also be aware that the property owner's information may not contain a P.O. Box; the owner's physical address is required. The P.O. Box may be used in the Billing/Mailing Contact information section.

APPLICATION:

Initial Transfer Owner Update Info Renewal

RENTAL PROPERTY INFORMATION: **REQUIRED**

Property Address (No P.O. Box):

City:

State:

Zip:

Subdivision/Property/Complex Name:

Unit/Ste.:

PROPERTY OWNER'S INFORMATION: (REQUIRED: If Owner is out-of state, must have a Resident Agent)

Owner's Name (As it appears on tax records):

Owner's Address/Principal Office (Corporations, LLC's, etc):

Partnership

Association

Corporation

City:

State:

Zip:

Phone:

Cell:

Fax:

Email:

RESIDENT/PROPERTY MANAGER/RESIDENT AGENT:

(Person/Entity responsible to accept legal process, property operation/maintenance):

Resident Agent's Name (As listed with State Department of Assessments & Taxation):

Resident Agent's Address:

Property Manager's Name:

Property Manager's Address:

Unit/Ste.:

City:

State:

Zip:

Phone:

Cell:

Fax:

Email:

BILLING INFORMATION (Person/Entity responsible for billing):

Name:

Address:

City:

State:

Zip:

Phone:

Cell:

Fax:

Email:

PLEASE CHECK/ RESPOND TO ALL THAT APPLY:Public Owned: Yes NoHistoric District: Yes NoYear Built: _____ * If the property was built before 1950, has it been registered? Yes No

**Properties built before 1950 must provide lead certification from the Maryland Department of the Environment (MDE). 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.*

Did the current tenant move in on or after 02/24/96? Yes No If yes, the MDE Lead Inspection Certificate # is: _____
 MDE Tracking #: _____ * Registration must be kept current

Type of Smoke Detectors: Battery Powered Hard Wired Unknown

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

of Smoke

Detectors: _____

Sprinkler System: Yes No Type of Sprinkler System: NFPA13 NFPA13D NFPA13R UnknownUtilities: Natural Gas LP/Gas Electric Oil Solar Geothermal Other UnknownHeating System: Electric Gas Oil Solar Other UnknownHot Water Heater: Electric Gas Oil Other UnknownWater Supply: Public Private UnknownSewage Disposal: Private Public Unknown**TYPE OF RENTAL UNIT (PLEASE CHECK ALL THAT APPLY):** Accessory Apartment Hotel/Motel Apartment(s) Condo Rooming Units Townhouse Single Family Mobile Home

of bedrooms in unit: _____

 Group Home Assisted Living

of Client Sleeping Rooms (Assisted Living): _____ To be licensed for # _____ Clients

Sleeping Areas in basement or other area must meet egress requirements (No more than 44 in. above floor; window min. clear opening 5.7 sq. ft.: min 20 in. wide, min 24 in. high.

of Stories (above ground): 1 2 3 4 5 6**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 application date if inspection is not conducted and approved. Owner's contact information must be kept current to maintain license.

I, _____ (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.

Signature: _____ Title _____ Date: ___/___/___

Fee: \$ _____ Please make check payable to Director of Finance, Howard County. Billable every two years for license renewal.

THIS OFFICE MUST BE NOTIFIED OF ANY CHANGES, e.g.: OWNER'S ADDRESS, AGENT BEING ADDED OR DELETED, PROPERTY BECOMING OWNER OCCUPIED, SOLD, OWNERSHIP TRANSFERS OR VACANT, ETC.

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

FOR DIVISION USE ONLY:

Date Received: / /

Invoice#:

Fee Paid: Yes No

License #: