



Rental License Application

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 # _____

WHEN COMPLETING THE APPLICATION, PLEASE NOTE THE FOLLOWING:

This form must be signed by the property owner or legally authorized individual (Power of Attorney Required). Electronic Signatures are not accepted.

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.

The property owner's information may not contain a PO Box unless listed as a business entity, or an APO/FPO/DPO Box. The property owner's address must be their physical domicile; if moving out-of-state, the address provided must be the new address.

The local/resident agent is the person/entity responsible to accept legal process on the behalf of the property owner.

APPLICATION TYPE: (Check One) **REQUIRED – PLEASE PRINT OR TYPE**

New Renewal Update Info Transfer Owner (Fee Required)

RENTAL PROPERTY INFORMATION: **REQUIRED – PLEASE PRINT OR TYPE**

Physical Property Address:		Unit:
City:	State:	Zip Code:
Subdivision/Village/Complex Name:		

PROPERTY OWNER INFORMATION: **REQUIRED – PLEASE PRINT OR TYPE**

Owner(s) Name(s) (As it appears on tax records):		
Business Entity (If applicable): <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:	Zip Code:	State:	Zip:
Phone:		Phone:	
Cell:		Cell:	
Fax:		Fax:	
Email:		Email:	

ADDITIONAL ADDRESS/CONTACT INFORMATION:

TYPE OF STRUCTURE: (Select One) REQUIRED – PLEASE PRINT OR TYPE

Single Family Dwelling Single Family Townhouse Duplex Mobile Home Multifamily Dwelling or Complex

TYPE OF RENTAL UNIT: (Select One) REQUIRED – PLEASE PRINT OR TYPE

Single Family Dwelling Townhouse Individually Owned Condominium Duplex Mobile Home

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.): _____

Rooming Unit(s)

of client sleeping rooms _____ # of tenants _____

Hotel Motel Bed and Breakfast Apartment Complex

of units: _____ Other Info: _____

Group Home Assisted Living *Fire Sprinkler System Required*

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

OTHER PROPERTY INFORMATION: REQUIRED – PLEASE PRINT OR TYPE

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.

Fire Sprinkler System: Yes No Utilities: Gas Electric Solar Oil Geothermal

Type of Smoke Alarms: Battery Powered Only Hard Wired Combo CO Wireless

Water Supply: Public Private (Well) Sewage Disposal: Public Private (Septic or Shared Septic)

COMMUNITY ASSOCIATION INFORMATION: REQUIRED – PLEASE PRINT OR TYPE

Is the property part of a local Home Owner’s Association (HOA) or Condo Association? (Please Select 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 Fax: _____

Association Email: _____

AGREEMENT/DISCLAIMER: REQUIRED – PLEASE PRINT OR TYPE

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. By my signature below, I grant permission to access the property to conduct inspections:

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)

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).

****INCOMPLETE AND/OR INACCURATE APPLICATIONS WILL BE RETURNED****

FOR OFFICE USE ONLY:

Date Entered: ____ / ____ / ____ Fee: _____ Check #: _____ Invoice# _____