



# Rental License Application

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

3430 Court House Drive, Ellicott City, MD 21043  
Licenses: 410-313-2455 option #4 Inspections: 410-313-1830  
[www.howardcountymd.gov](http://www.howardcountymd.gov)

License # \_\_\_\_\_

**APPLICATION TYPE** *REQUIRED* – PLEASE SELECT ONE

New    Renewal    Update Info (except ownership name – see Transfer)    Transfer Owner (new deed filed and fee required)

**RENTAL PROPERTY INFORMATION - REQUIRED**

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

**PROPERTY OWNER INFORMATION - REQUIRED** As it appears on [SDAT](#) tax records and [MVA](#) Records (Physical Domicile):

Owner(s) Name(s):		
Owner's Contact Name:		
Owner's Physical Address/Principal Office:		
City:	State:	Zip Code:
Phone:	Cell:	Fax:
Email:		

Legally Authorized Individual (per Incumbency Certificate):

**BILLING CONTACT - REQUIRED**

Contact Name:		
Company:		
Address:		
City:	State:	Zip Code:
Phone:	Cell:	Fax:
Email:		

**RESIDENT AGENT - As it appears on tax records:** (Required for business owned properties - Person/entity responsible for legal service per [SDAT](#))

Contact Name:		
Company:		
Address:		
City:	State:	Zip Code:
Phone:	Cell:	Fax:
Email:		

**LOCAL MARYLAND AGENT/REPRESENTATIVE - Required if owner is out-of-state**

Contact Name:		
Company:		
Address:		
City:	State:	Zip Code:
Phone:	Cell:	Fax:
Email:		

**PROPERTY MANAGEMENT COMPANY/ PROPERTY MANAGER:**

Contact Name:		
Company:		
Address:		
City:	State:	Zip Code:
Phone:	Cell:	Fax:
Email:		

**TYPE OF STRUCTURE *REQUIRED* - PLEASE SELECT ONE** Single Family Dwelling  Single Family Townhouse  Duplex  Mobile Home  Multifamily Dwelling**TYPE OF RENTAL UNIT(S) *REQUIRED* - PLEASE SELECT ONE** 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) *Note: Resident Family can have no more than 4 roomers (owner must reside on premises)*

# of sleeping rooms \_\_\_\_\_ # of roomers \_\_\_\_\_ Location of rooms: \_\_\_\_\_

 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***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 Form 330, 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  GeothermalType of Smoke Alarms:  Battery  Hard Wired  Combo CO  Wireless Fireplace(s):  Yes  NoWater Supply:  Public  Private (well) Sewage Disposal:  Public  Private (septic or shared septic)**COMMUNITY ASSOCIATION INFORMATION - *REQUIRED*****Is the property part of a local Homeowner'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*****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 Signature ***REQUIRED*** Manager/ Agent Signature (*If Applicable*)**Please make checks payable to: Director of Finance, Howard County. Licenses are valid for two years from the application date and renew biannually.****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# \_\_\_\_\_

**WHEN COMPLETING THE APPLICATION, PLEASE NOTE THE FOLLOWING:**

**Ownership**

The property owner's information must match the State Department of Assessments and Taxation ([SDAT](#)) tax records which must also match MVA records. This owner's physical address is required to be kept current with the State of Maryland. Please visit to SDAT to [change the property owners' mailing address](#) with the State. On the submitted rental license application, this address may not contain a PO Box unless listed as an APO/FPO/DPO Box.

**Contacts**

The billing contact information is where the renewal bills will be sent every two years and may contain a PO Box. The email address listed will receive notification of updated statuses.

The resident agent is the person/entity responsible to accept legal process on the behalf of the property owner as indicated on the [SDAT Business Entity](#) website. This is required for all business entity owned properties.

A local Maryland agent is required if the property owner's physical address/principal office is out-of-state. This is a local point of contact that is available to meet on site with the inspector, or in case of emergencies, as required. This individual is required to be 18 years of age or older and must reside in the state of Maryland full time or have a principal office within the State. This agent can be a management company with a principal office in the state of Maryland.

Property Management Company information is required to be listed if a property management company is utilized. Hotels, motels, bed and breakfasts and apartment complexes must list the on-site property manager.

**Structure/Rental Unit/Other Property Information**

The type of structure is what the property is currently physically constructed as. Only one option may be selected.

The type of rental unit is the type of license applied for. This may differ from the type of structure in certain circumstances. Please include additional details regarding the location of the unit, etc. where applicable.

Other property information includes basic information about the property, including the age of the structure, utilities, and fire sprinkler system. MDE Lead Certifications are required, based upon the age of the property. Hotels and other transient units are exempt.

**Community Association Information**

The Community Association portion of the application is required to be completed, including the Yes/No checkbox stating if the property is part of a local Homeowner's Association or Condo Association.

**Agreement/Disclaimer**

This form must be signed by the property owner or legally authorized individual as indicated on the business entity's incumbency certificate or trust documents.

**APPLICATION CHECKLIST**

PLEASE SUBMIT THE FOLLOWING ALONG WITH THE APPLICATION:

- State Department of Assessments and Taxation ([SDAT](#)) Real Property Information
- Proof of Ownership in the form of a Deed, Hud-1, Alta Settlement Documents (if ownership has not yet been updated in SDAT Real Property)
- [SDAT Business Entity](#) Information or Certificate of Status (dissolved or forfeited entities cannot be accepted)
- Incumbency Certificate (if owner is a business entity), indicating who has the authority to sign on behalf of the entity
- Trust Documents (if ownership is in the form of a trust)
- Power of Attorney (if applicable)
- Maryland Department of the Environment (MDE) lead certification [Form 330](#) (For properties built prior to 1978)