Town of Berwyn Heights

5700 Berwyn Road
Berwyn Heights, MD 20740
Code Tel. (301) 513-9331
Town Tel. (301) 474-5000
Fax (301) 474-5002

RENTAL UNIT LICENSE APPLICATION

LICENSE NUMBER _____
LICENSE FEE $300.00 per unit
EXPIRATION DATE _____

PROPERTY INFORMATION:

1) Address of Rental Property _____

2) Lot Number _____ Block Number _____

3) Number of Rooms Leased _____

TENANTS INFORMATION:

4) Tenant Name and Phone # _____

Tenant Name and Phone # _____

Tenant Name and Phone # _____

Tenant Name and Phone # _____

Tenant Name and Phone # _____

OWNER INFORMATION:

5) Name of Property Owner(s)_____

6) Address of Property Owner(s) Residence _____

_____

7) Phone # of Property Owner(s) Home _____ Business _____

8) Name and Address of Property Manager (if applicable): _____

9) Phone # of Property Manager Home _____ Business _____

10) List type of liability coverage, including insurance company, policy #, effective date(s) of policy and terms

_____

11) For inspection appointment, contact Owner _____

Agent _____ Occupant_____

- OVER-

12) If you are interested in an alternative or secondary method of mailing rental information other than United States Postal Mail, please indicate below:

Fax #_____ Email Address _____

I have read, understand, and agree to abide by the conditions set forth in Town **Ordinance 120, Rental Housing Units**, of the Town of Berwyn Heights. By accepting this rental license, I hereby give my consent for the Town of Berwyn Heights to perform external and internal inspections to monitor compliance with the Rental Housing Code. I understand that these inspections of my property will include one planned yearly visit as a condition of the granting of my license and possible unplanned visits in response to observations or complaints. I will receive at least twenty-four (24) hours' notice of all inspections unless, in the Town's judgment, an emergency exists. In such a case, the Town will make reasonable attempts to notify me but may enter my property immediately to stop a dangerous condition. I understand that failure to allow access after notice could be grounds to revoke my license.

_____ Date _____
Signature of Landlord / Property Owner

Approved by: _____ Date _____

Issued by: _____ Date _____