



4 N. Second Street, Denton, MD 21629
410-479-3625 (Telephone)
410 479-3534 (Fax)

APPLICATION FOR RENTAL LICENSE

RENEWAL NEW LICENSE

A. Property Owner Information– PLEASE PRINT CLEARLY

PROPERTY OWNER NAME

ADDRESS

CITY

STATE

ZIP CODE

PHONE NUMBER

CELL PHONE

E-MAIL ADDRESS

APPLICANT SIGNATURE

FAX NUMBER

B. Property Management Information– PLEASE PRINT CLEARLY

PROPERTY MANAGER NAME

ADDRESS

CITY

STATE

ZIP CODE

PHONE NUMBER

CELL PHONE

E-MAIL ADDRESS

PROPERTY OWNER SIGNATURE

FAX NUMBER

C. Rental Property Information

PROPERTY ADDRESS

MAP

PARCEL

TOTAL NUMBER OF BUILDINGS

TOTAL NUMBER OF UNITS

PRESENT ZONING OF PROPERTY

CRITICAL AREA DESIGNATION

HISTORIC DISTRICT DESIGNATION

D. Type of Rental Unit

Single Family Dwelling

Two-Family Dwelling (Duplex)

Multi-Family Dwelling

E. Property Management / Agent

On-Site

Off-Site

Not Applicable

If there is more than one rental building and or unit at the above address, describe below the method used for building and unit identification: _____

I understand that by this application, I give permission for inspection of the above property to determine if it is in compliance with the Denton Town Code and the International Property Maintenance Code. This inspection may be performed without the necessity for obtaining further permission or judicial warrant, except that the Town of Denton will provide me and / or my tenant at least 5 days notice prior to any interior inspection unless the inspection is necessary to prevent or resolve an emergency. Property owner/agent or tenant over the age of 18 must be present during the inspection. Failure of the property owner/agent or tenant to allow entry may constitute sufficient reason for the denial or revocation of the rental license or temporary certificate. If an inspection is canceled for any reason by the property owner/agent or tenant a \$100.00 re-inspection fee may be imposed. **Maryland Department of the Environment has additional regulations on lead poisoning prevention. Please contact MDE for that information.**

OWNER / AGENT SIGNATURE

DATE

PLEASE PRINT OR TYPE NAME

For official use only

Number of units X \$25.00 / Unit / Year	Total: \$	Fee Paid: \$
Received By:	Data Input By:	Date:
License Number:	Fee:	App. Date:

PLANNING AND CODES DIRECTOR

DATE

SENIOR CODES ENFORCEMENT OFFICER

DATE