



*Town of Delmar*  
 100 SOUTH PENNSYLVANIA AVENUE  
 DELMAR, DELAWARE-MARYLAND 21875  
 (302) 846-2664 & (410) 896-2777 FAX (410) 896-9055

Date: \_\_\_\_\_

APPLICATION# \_\_\_\_\_

**TOWN OF DELMAR, MARYLAND**

Application and Temporary Certificate for license of a rental unit.

- \_\_\_\_\_ Single Family Unit
- \_\_\_\_\_ Unit of Two-Family Residence
- \_\_\_\_\_ Unit of Multi-Family Residence
- \_\_\_\_\_ Unit of Apartment Building
- \_\_\_\_\_ Other \_\_\_\_\_

I, \_\_\_\_\_, the legal owner of the dwelling located at \_\_\_\_\_, do hereby apply for a license to rent the above dwelling unit in the **Town of Delmar, Maryland**. I understand that by this application, I give permission for inspection of the property to determine if this property is in compliance with **Ordinance 671** of the **Town of Delmar, Maryland**. This inspection may be performed without the necessity for obtaining any further permission or judicial warrant, except that the **Town of Delmar** will provide me and/or my tenant at least ten (10) days notice prior to any interior inspection or to require any tenant to allow entry for such inspection. Refusal to grant the Town Inspection permission to conduct an interior inspection shall constitute sufficient reason for the denial issuance of rental license or temporary certificate. Owners are responsible for payment of the quarterly utility bill. **Any unpaid bills incurred by failure to assume responsibility will result in a lien on the property.**

\_\_\_\_\_  
 Owner/Agent

Owner's Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_

Agent's Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_

Tenant's Name: \_\_\_\_\_  
 Number of people living in dwelling: \_\_\_\_\_  
 Phone: \_\_\_\_\_

Upon signature below, this application shall serve as a temporary certificate pending inspection and license, as provided by the Town of Delmar, Maryland.

\_\_\_\_\_  
 Town Manager/Designee

**MARYLAND DEPARTMENT OF ENVIRONMENT (MDE)  
LEAD POISONING PREVENTION PROGRAM LOCAL GOVERNMENT RENTAL  
REGISTRY CHECKLIST**

*In order to aid all local government agencies that have their own local rental registry programs in meeting the statutory requirements of Article 24, Political Subdivisions, 18-101, MDE has included a helpful checklist that should streamline the process. MDE's Lead Poisoning Prevention Program recommends that your agency use this form and determine the following prior to authorizing renting or leasing residential property.*

**Complete for each dwelling unit.**

1) Is the residential property an "affected property", i.e., residential rental property built before 1978? YES  NO

\*\*\*\*\*If answer to #1 is "NO", proceed no further.\*\*\*\*\*

2) Property Owner's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

3) Property Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4) If "YES" to #1 above, has the property been registered? YES  NO

5) If "YES" to #1 above, is the property registration renewal current for this year? YES  NO

6) Provide the tracking number (formerly referred to as the owner registration number).

7) Did the current tenant move in on or after 2/24/1996? YES  NO

8) If "YES" to #8, provide the Lead Inspection Certificate Number for the current tenancy as required under §6-815 ( c ) of the Environment Article.

9) After 2/24/2006, all affected properties in which a person at risk resides or regularly spends 24 hours per week, and of whom the owner has been notified in writing, must satisfy the risk reduction standard specified in §6-815 ( a ) of the Environment Article. A person at risk is a child under the age of 6 years or a pregnant woman.

Copy of statement of compliance attached. YES  NO