



Commercial Inspection Information Sheet

For New or Renewed Non Residential Occupancy Permits

Please print or type the information below, it is vital that our records reflect the most current information on your business and those responsible for it. The completed form should be returned with your payment of **\$120.00** for the annual *Non-Residential Occupancy Permit* from the City of College Park

ABOUT THIS BUSINESS

Business Operating Name: _____

Type of Business: _____

Address: _____ Expiring License # _____

Name of On-Site Manager: _____

Phone: _____ Fax Number: _____

THE BUSINESS OWNER:

Name: _____

Mailing Address: _____

Address at which you agree to receive notice and delivery of official documents

E-Mail Address: _____

Phone: _____ Cellular: _____ Fax Number: _____

THE PROPERTY OWNER

Name: _____

Mailing Address: _____

Phone: _____ Cellular: _____ Fax Number: _____

TRASH COLLECTION

Service Provider: _____

Container Type: Toter Dumpster (*must be enclosed*)

COUNTY INFORMATION

(Attach a Copy Similar to Sample on the Right)

PRINCE GEORGE'S COUNTY
 Department of Environmental Resources
 Permits and Review Division

CERTIFICATE OF OCCUPANCY

EFFECTIVE DATE: _____ CASE NUMBER: _____
 CASE COMMENTS
 PERMISSION IS HEREBY GRANTED TO OCCUPY
 YOUR BUSINESS ADDRESS HERE
 OWNERSHIP: _____ PARKING SPACES: _____
 USE GROUP: _____ SPECIAL EXCEPTION: _____
 CONST. TYPE: _____ LOT: _____
 TAX MAP: _____ BLOCK: _____
 ZONE: _____ PARCEL: _____
 USE (MNCPPC ZONING)
 Authorized use entered here
 LIMITATIONS (UP TO) _____

Prince George County Use & Occupancy Permit Number

Date Issued

Prince George's County requires that its Use & Occupancy Certificate be conspicuously displayed at this location. City of College Park Code Enforcement Officers will confirm physical display of this document during the inspection.

PROPERTY OWNER Name(s) of Current Property Owner Current Mailing Address City, State 12345
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OCCUPANT Your Name/Business Name Address should be same as above College Park, MD 20740

ABOUT THE PERSON COMPLETING THIS FORM

 Name

 Title

 Signature