



# CITY OF COLLEGE PARK

**RESIDENTIAL OCCUPANCY PERMIT APPLICATION**  
**(FOR NEW OR RENEWING PERMITS)**  
7401 BALTIMORE AVENUE SUITE 201 COLLEGE PARK, MD 20740  
PUBLICSERVICES@COLLEGEPAKMD.GOV  
TELEPHONE: 240.487.3570  
FAX: 301.220.1172  
WWW.COLLEGEPAKMD.GOV

## PUBLIC SERVICES DEPARTMENT

New Permit     Permit Renewal    Permit Period: \_\_\_\_\_ - \_\_\_\_\_    Expiring License No: \_\_\_\_\_ - \_\_\_\_\_

Chapters 110 and 144 of the Code of the City of College Park require the information requested below. In addition, please note the following:

1. Owners and/or designated agents must provide an address in the State of Maryland for service of notices concerning this property. You may designate a tenant or building manager as an agent. Addresses, including email addresses, should be one where the identified owner/agent agrees to receive notices and other official documents.
2. Primary phone numbers provided below will be posted on the City's public website.
3. A valid trash collection contract with the City's Finance Department or proof of contracted service with another provider is required for each Occupancy Permit period.
4. You must provide proof of compliance with State of Maryland Lead Regulations for properties built before 1978. Owner-occupied rentals are exempt from lead registration, EXCEPT those dwellings with separate units (provisions for eating, sleeping, and cooking) for tenants.
5. Written notification of any changes must be provided within 10 days of occurrence.
6. Incomplete applications will be returned.
7. Occupancy permits are not transferable, by the permit holder, to another person or entity.

**THE PROPERTY ADDRESS:** \_\_\_\_\_, **College Park, MD 20740**

Primary Contact: \_\_\_\_\_ Lives at Property?  Yes  No  
 Owner  Agent

Mailing Address: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Email Address: \_\_\_\_\_

Secondary Contact: \_\_\_\_\_ Lives at Property?  Yes  No  
 Owner  Agent

Mailing Address: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Email Address: \_\_\_\_\_

Lead Registry Tracking No: \_\_\_\_\_ and/or Lead Inspection Certificate No: \_\_\_\_\_

Date Current Tenant(s) Occupied: \_\_\_\_\_ Year Structure Built: \_\_\_\_\_

**Please select Permit Classification Below**  
**A Prince George's County Use and Occupancy Permit is Required for Structures with more than (1) Unit**

Single-Family/ Town House X \$244 (# \_\_\_\_\_ Bedrooms/ \_\_\_\_\_ Tenants)     Condominium Unit X \$150 per unit = \_\_\_\_\_

	Quantity		Fee Per Unit/Room/Structure	Amount Due
<input type="checkbox"/> Structure - 2 – 5 Units (MI)	_____ (Units)	x	\$207 per unit	= _____ .00
<input type="checkbox"/> Structure - 6 or More Units (MI6)	_____ (Units)	x	\$125 per unit	= _____ .00
<input type="checkbox"/> Hotel/Motel (MOHO)	_____ (Units)	x	\$41 per Guest Room	= _____ .00
<input type="checkbox"/> Rooming House _____ Rooms _____ Occupants Per County U&O		x	\$238 per Structure	= _____ .00
<input type="checkbox"/> Fraternity/Sorinity _____ Rooms _____ Occupants Per County U&O		x	\$580 per Structure	= _____ .00

**All forms of payments are payable to the City of College Park at the address above.**  
**Payments can be made in person, by mail, email or phone after submission of a completed application.**

**Affidavit** - I, \_\_\_\_\_ (Print Name), do solemnly affirm, under penalties of perjury, that I have delivered the most recent version of the "Living in College Park – Your Rights & Responsibilities" available on the City's website to all tenant occupants of this property at the beginning of the occupancy term. I agree to disclose, within twenty-four (24) hours of the City's request for any legal, public purpose, the identity of any occupants of the property known to me.

**By signing this application, I agree that all of the information provided above is accurate.**

Signature Required \_\_\_\_\_

Date \_\_\_\_\_