



CITY OF COLLEGE PARK

COMMERCIAL INSPECTION INFORMATION SHEET
7401 BALTIMORE AVENUE SUITE 201 COLLEGE PARK, MD 20740
PUBLICSERVICES@COLLEGEPARKMD.GOV
TELEPHONE: 240.487.3570
FAX: 301.220.1172
WWW.COLLEGEPARKMD.GOV

PUBLIC SERVICES DEPARTMENT

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 \$124.00 for the annual Non-Residential Occupancy Permit made payable to the City of College Park

ABOUT THIS BUSINESS

Business Operating Name: _____

Type of Business: _____

Expiring License # _____

Address _____

Name of On-Site Manager: _____

Phone: _____ **Fax Number:** _____

THE BUSINESS OWNER

Name: _____

Mailing Address: _____

This should be the address at which you agree to receive notices and delivery of official documents from the City.

E-Mail Address: _____

Phone: _____ **Cellular:** _____ **Fax Number:** _____

THE PROPERTY OWNER

Name: _____

Mailing Address: _____

E-Mail Address: _____

Phone: _____ **Cellular:** _____ **Fax Number:** _____

TRASH COLLECTION

Service Provider: _____

Container Type: Toter Dumpster (must be in an enclosure)

COUNTY INFORMATION

(Attach a Copy Similar to Sample on the Right)

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.

The City will not issue its Non-residential occupancy permit until a copy of the valid County permit has been received.

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: _____

ZONE: _____

USE (MNCPPC ZONING)
Authorized use entered here
LIMITATIONS (UP TO)

BLOCK: _____

PARCEL: _____

PROPERTY OWNER
Name(s) of Current Property Owner
Current Mailing Address
City, State 12345

OCCUPANT
Your Name/Business Name
Address should be same as above
College Park, MD 20740

THIS FORM WAS COMPLETED BY

Printed Name

Title

Signature

Date