



CITY OF COLLEGE PARK

COMMERCIAL INSPECTION INFORMATION SHEET
8400 BALTIMORE AVENUE SUITE 375 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 enclosed)

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: CONST. TYPE: SPECIAL EXCEPTION:
TAX MAP: LOT:
ZONE: BLOCK:

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

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