



TOWN OF RIVERDALE PARK

5008 Queensbury Road
Riverdale Park, MD 20737
Phone: (301) 927-6381

Application for FY-17 Residential Rental License

Inspection fee of \$200 must be enclosed with completed application.

I _____, the legal owner of the dwelling at

Last Name

First Name

_____ hereby apply for a license to
rent the above dwelling unit in the Town of Riverdale Park.

I understand that by this application for rental license, I give permission for inspection of the property to determine if this property is in compliance with Chapter 55 of the Code of the Town of Riverdale Park. This inspection shall be performed without the necessity for obtaining any further permission or judicial warrant, except that the Town of Riverdale Park will provide me and/or my tenant at least seventy-two (72) hours' notice prior to the inspection. Failure to allow entry for such inspection shall constitute sufficient reason for the denial or revocation of the rental license. A penalty fee may also be levied.

Any appointment for inspection, which is not kept by the applicant for any reason, which is not given to the Town within 24 hours prior to the time set for inspection, shall be subject to a penalty fee of fifty dollars (\$50). Each additional appointment not kept shall be at a penalty fee of one hundred dollars (\$100).

Signature of Owner (Required): _____ Date: _____

Owners Printed Name: _____

Mailing Address: _____ City, State, and Zip: _____

Day Phone/ Evening Phone: _____

Tenant's Name: _____

Phone Number: _____ No. of persons living in the house: _____

Note: Owners who reside outside the state of Maryland must name a Maryland resident as local agent.

Local Agent's Printed Name: _____

Address: _____

Day Phone/ Evening Phone: _____

Signature of Local Agent: _____



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Single Family Home Inspection Consent Form

Please Print Information

Single Family Home Address: _____

Owner of Property: _____

Owner's Address: _____

Owner's Phone Number: _____

Email: _____

Tenant's Name: _____

Tenant's Phone Number: _____

Authorized Signature: _____

Print Name: _____

Date: _____

(Must Be Returned with Application Form and Payment)