

City of Gaithersburg · 31 South Summit Avenue · Gaithersburg, Maryland 20877

Telephone: (301) 258-6330 · Fax: (301) 258-6336

plancode@gaitthersburgmd.gov · www.gaitthersburgmd.gov

ROOMING HOUSE LICENSE APPLICATION

SUBJECT PROPERTY

Facility Name _____

Street Address _____

Year Built _____ *If structure was built prior to 1978, please complete last section.* Total Number of Dwelling Units _____

PROPERTY OWNER

Name _____

Street Address _____

City _____ State _____ Zip Code _____

Telephone Numbers: Work _____ Cell _____ E-mail Address _____

PROPERTY MANAGER *Information should only be provided if an agent will represent the owner as the property manager. All information will be provided to the agent if this section is completed.*

Business Name _____

Primary Contact _____

Street Address _____

City _____ State _____ Zip Code _____

Telephone Numbers: Work _____ Cell _____ E-mail Address _____

TENANT INFORMATION *(if more than 3 tenants, attach additional information)*

Name _____

Telephone Numbers: Work _____ Cell _____ E-mail Address _____

Monthly Rent _____

Name _____

Telephone Numbers: Work _____ Cell _____ E-mail Address _____

Monthly Rent _____

Name _____

Telephone Numbers: Work _____ Cell _____ E-mail Address _____

Monthly Rent _____

Property Owner/Agent Signature _____ **Date** _____

PROPERTIES BUILT PRIOR TO 1978 *(check all that apply)*

- Property is Registered with Maryland Department of the Environment (MDE)
- Property Registration with MDE is Current (please provide MDE Tracking No.) _____
- *A Person "at Risk" Resides Here *(a child under age 6, or a pregnant woman)* *Must include Statement of Compliance
- Current Tenant Moved in After 2/24/1996 (please provide Lead Inspection Certificate) _____