## Town of Millington – Rental Occupancy Permit P O Box 330 Millington, MD 21651 (410) 928-3880

Rental Occupancy Permit #	
Date of Application	

Property Owner's NameProperty Address		<u> </u>
Mailing Address		<del></del>
Phone: Home V	Vork Call	
E-Mail Address:	Best Number to Call	
Property Information:		
Square Footage of Lot:		g:
Type of Structure:	Type of Roof:	
Heat Source:	Air Conditioning:	
Basement or Crawlspace:	Attic:	
Storage Shed:	Number of Units:	<del></del>
Unit Information:		
Unit #	Unit #	Unit #
No. of Rooms	No. of Rooms	No. of Rooms
No. of Bathrooms	No. of Bathrooms	No. of Bathrooms
No. of Bedrooms	No. of Bedrooms	No. of Bedrooms
Occupant's Name & Phone:	Occupant's Name & Phone:	Occupant's Name & Phone:
Unit #	Unit #	Unit #
No. of Rooms	No. of Rooms	No. of Rooms
No. of Bathrooms	No. of Bathrooms	No. of Bathrooms
No. of Bedrooms	No. of Bedrooms	No. of Bedrooms
Occupant's Name & Phone:	Occupant's Name & Phone:	Occupant's Name & Phone:
<b>Preferred inspection date:</b> 1 <sup>st</sup> choice	2 <sup>nd</sup> choice	
Preferred time of inspection: 1st choice	2 <sup>nd</sup> choice	
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This permit does not in any way relieve the owners, or other permits or licenses as may be prescribed by law lawful order issued with the object of maintaining the for which this Use Permit is issued without having in y violation of the law and will result in prosecution.	for the uses or purposes for which the building is des building in a safe or lawful condition. Any occupanc	igned or intended; nor from complying with any y of this property and/or building for the purposes
Date:	Applicant:	
•••••		
Date of Inspection: Time of Inspection:		
Data Annwayadı Cada Enf	organiant Officer	