



# City of Cambridge

## Office of the Building Official

Building Safety Services

410 Academy Street

Cambridge, Maryland 21613

Telephone: 410-228-8811

If you have not registered a property with the City of Cambridge, here is what you need to do.

### All property built before 1978

First Step – Register with MDE (Maryland Dept. of Environment) **1-800-776-2706** or see their website [www.mde.state.md.us/lead](http://www.mde.state.md.us/lead)

1. They will issue you a tracking #
2. They will send you a packet to complete & return for their registration

Second Step – Call a licensed lead inspector to come out and inspect the property.

1. He will issue you a certificate or
2. Let you know what has to be done to pass for you to do
3. After work complete – have reinspected

Third Step – Bring Certificate to MUC (Municipal Utilities Commission) for your file

1. Print the Registration Form provided below – Complete & Return
2. You will be sent your registration bill in the mail **\$58.00** a unit annually
3. Pay your registration after you receive the bill

**\*NEW LEAD CERTIFICATES ARE REQUIRED AT CHANGE OF TENANCIES FOR AFFECTED PROPERTIES**

**\*IF NON-OWNER OCCUPIED PROPERTY IS NOT REGISTERED, YOU ARE IN VIOLATION AND COULD BE CHARGED \$100 A DAY**

**DROP OFF ALL FORMS AND CERTIFICATES TO MUC (MUNICIPAL UTILITIES COMMISSION) AT 410 ACADEMY STREET, PLACE IN THE DROPBOX, OR EMAIL COMPLETED ITEMS TO [MUC@CHOOSECAMBRIDGE.COM](mailto:MUC@CHOOSECAMBRIDGE.COM)**



# Rental Registration Form

## Office of the Building Official

Building Safety Services

410 Academy Street  
Cambridge, Maryland 21613  
Telephone: 410-228-8811

### Ordinance No. 1006 Chapter 10 "Licenses" §10-11 of the City Code of Laws

Complete one form for each property or each dwelling unit within a multi-family building.

Property Address: \_\_\_\_\_  
Number Street Apt. #

Year structure was built: \_\_\_\_\_ Property Tax ID#: 07- \_\_\_\_\_

Property Owner Information (for additional owner, or resident agent please use reverse of sheet):

Name: \_\_\_\_\_  
First M.I. Last

Address: \_\_\_\_\_  
Number Street Apt. #

City or Town County State Zip Code

(H) Phone: \_\_\_\_\_ (C) Phone: \_\_\_\_\_ (W) Phone: \_\_\_\_\_

**All properties built before 1978 must have a Lead Inspection Certificate for each tenancy required under the Maryland Department of the Environment (MDE), §6-815(c) of the Environment Article. If you do not have the required Lead Inspection Certificate, you will not be permitted to register the rental property, nor allow occupancy of said property.**

If this structure was built before 1978, please complete:

Lead Inspection Cert. No.: \_\_\_\_\_ Date issued: \_\_\_\_\_ MDE Tracking No.: \_\_\_\_\_

Has the property been inspected by an accredited lead inspector for the current tenancy? \_\_\_\_\_ Yes \_\_\_\_\_ No

It shall be unlawful for any property owner to offer any unit for rent or to allow any rental unit to be occupied without having first registered the property as a rental. The Department of Public Works, Code Enforcement Division, must be notified within ten (10) days of any change in the authorized agent/property manager. Any violations of this Ordinance, as adopted by the City of Cambridge, shall be deemed guilty of a municipal infraction, the fines for which shall be in accordance with said Ordinance.

I solemnly declare and affirm under the penalties of perjury that the information above is true, accurate and complete.

\_\_\_\_\_  
(Owner/Agent Printed Name)

\_\_\_\_\_  
(Owner/Agent Signature)

\_\_\_\_\_  
(Date)

**MAKE ALL CHECKS PAYABLE TO THE  
MUNICIPAL UTILITIES COMMISSION**

Additional Property Owner / Resident Agent Information

Please indicate: \_\_\_\_\_ Owner \_\_\_\_\_ Resident Agent

Name: \_\_\_\_\_  
First M.I. Last

Address: \_\_\_\_\_  
Number Street Apt. #

\_\_\_\_\_  
City or Town County State Zip Code

(H) Phone: \_\_\_\_\_ (C) Phone: \_\_\_\_\_ (W) Phone: \_\_\_\_\_

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Please indicate: \_\_\_\_\_ Owner \_\_\_\_\_ Resident Agent

Name: \_\_\_\_\_  
First M.I. Last

Address: \_\_\_\_\_  
Number Street Apt. #

\_\_\_\_\_  
City or Town County State Zip Code

(H) Phone: \_\_\_\_\_ (C) Phone: \_\_\_\_\_ (W) Phone: \_\_\_\_\_

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Please indicate: \_\_\_\_\_ Owner \_\_\_\_\_ Resident Agent

Name: \_\_\_\_\_  
First M.I. Last

Address: \_\_\_\_\_  
Number Street Apt. #

\_\_\_\_\_  
City or Town County State Zip Code

(H) Phone: \_\_\_\_\_ (C) Phone: \_\_\_\_\_ (W) Phone: \_\_\_\_\_

**MAKE ALL CHECKS PAYABLE TO THE  
MUNICIPAL UTILITIES COMMISSION**