



**BALTIMORE COUNTY**  
**MARYLAND**

**SELF-CERTIFICATION RENTAL REGISTRATION AFFIDAVIT**

**For Apartment Complexes and Dwellings with Seven or More Units** Please check each box to indicate compliance:

- A. If required (see chart on next page), a hardwired and battery backed interconnected smoke detectors must be present and operational on every level excluding unoccupied attics, garages or crawl spaces. Wireless remote interconnection is acceptable as long as the smoke detectors are hardwired and approved by a recognized testing lab such as UL and be listed and approved for sale, installation and use in Maryland by the Office of the State Fire Marshal. To ensure interconnection works properly, units must be same manufacturer. Smoke alarm units 10 years or older must be replaced.
- B. Electrical wires are not visible in living areas.
- C. There is hot and cold running water in kitchen and each bathroom with no leaks below sink area and all toilets flush.
- D. There are no sleeping areas in the basement or if there is a sleeping area in the basement, there is a secondary means of escape as follows: basement window with minimum 5.7 sq. ft. opening with sill height 44 inches or less from floor OR basement door with thumb turn dead bolt.
- E. The furnace is operational and all cooking equipment are operational.
- F. Hand Railing is present for interior and exterior steps with more than 3 risers.
- G. The wood balcony railings meet the requirements of the minimum livability code.
- H. Carbon Monoxide Detectors are present on every level of the dwelling and audible in sleeping areas.
- I. Dumpster or trash receptacles are provided for tenant use and are serviced on an adequate schedule to prevent overflow of trash and debris.
- J. Each unit is free from any form of insect or rodent infestation.
- K. Each unit has a current Lead Free Certificate, a Limited Lead Free Certificate, or a Full Risk Reduction Certificate from the Maryland Department of the Environment. Certificates should be available upon request.

**For Multi-family Rental Licenses: Smoke Detector Requirements for 1 Level Dwellings**

	<b>Hardwired</b>	<b>Battery Back-Up</b>	<b>Inter connected</b>	<b>Location Required</b>
Built prior to 1989	Y	N	N	Outside each sleeping area*
Built in 1989 to 1993	Y	Y	Y	Outside each sleeping area*
Built in 1994 or later	Y	Y	Y	Inside <u>and</u> outside each sleeping area

\* If there is no sprinkler system present, a smoke alarm must go into each bedroom BUT these additional bedroom smoke alarms can be the 10-year battery alarms without interconnection.

**For Multi-family Rental Licenses: Smoke Detector Requirements for 2+ Level Dwellings**

	<b>Hardwired</b>	<b>Battery Back-Up</b>	<b>Inter connected</b>	<b>Location Required</b>
Built prior to 1989	Y	N	N	Outside each sleeping area* and on each level**
Built in 1989 to 1993	Y	Y	Y	Outside each sleeping area* and a minimum of one on each level*
Built in 1994 or later	Y	Y	Y	Inside and outside each sleeping area and a minimum of one on each level

\* If there is no sprinkler system present, a smoke alarm must go into each bedroom BUT these additional bedroom smoke alarms can be the 10-year battery alarms without interconnection.

\*\* For smoke alarms required on a level without a sleeping area, that smoke alarm may be a 10-year battery alarm without interconnection.

**A CARBON MONOXIDE ALARM IS ALSO REQUIRED OUTSIDE OF SLEEPING AREAS WITH THIS EXEMPTION AFFIDAVIT.**

\_\_\_\_\_ Print Name of Property Owner or Representative \_\_\_\_\_ Phone Number \_\_\_\_\_

\_\_\_\_\_ Address of Property Owner or Representative \_\_\_\_\_ Email \_\_\_\_\_

I, solemnly affirm under the penalties of perjury, that the box checked above represents the condition of the property located at:

\_\_\_\_\_ (Print Property/Dwelling, Unit, Address and Zip Code of Rental Property) \_\_\_\_\_

\_\_\_\_\_ Property Account Number/ Tax ID \_\_\_\_\_

and that such conditions are true and correct to the best of my knowledge.

Signature of Property Owner/Representative: \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_

State of \_\_\_\_\_ County of \_\_\_\_\_

Sworn to and subscribed before me by \_\_\_\_\_ swearing this \_\_\_\_ day of

\_\_\_\_\_, 20\_\_\_\_ by

\_\_\_\_\_ Signature of Notary Public

\_\_\_\_\_ Printed Name of Notary Public

\_\_\_\_\_ Commission Expiration

Notary Seal