



## DIVISION OF TREASURY

27 COURTHOUSE SQUARE, SUITE 200 ROCKVILLE, MARYLAND 20850  
240-777-8965

# APPLICATION FORM PROPERTY TAX CREDIT – FIRE SPRINKLER SYSTEMS

IN ORDER TO RECEIVE THE TAX CREDIT, THE FOLLOWING INFORMATION MUST BE COMPLETED,  
AND ALL OF THE REQUIRED ITEMS MUST BE SUBMITTED ALONG WITH THE APPLICATION.

1. Property Owner's Name / Phone # \_\_\_\_\_
2. Property Owner's Mailing Address: \_\_\_\_\_  
\_\_\_\_\_
3. Property Account Number: \_\_\_\_\_
4. Is the property a single family home? a townhouse? or a condominium? \_\_\_\_\_
5. Is the property new construction or newly reconstructed? YES / NO
6. Date that the fire sprinkler was installed (Month/Year): \_\_\_\_\_
7. At the time it was installed, was the property required to have the fire sprinkler system? YES / NO

### REQUIRED ITEMS

- A. Written documentation that includes the date in which the fire sprinkler system was installed.
- B. A copy of the license or permit under which the fire sprinkler system was installed.
- C. A copy of the bill for the installation of the fire sprinkler system along with a paid receipt for the installation.
- D. A copy of the post-installation inspection report.

I hereby certify under oath and affirmation, subject to the penalties provided by law, that the information and responses in this application are true and correct to the best of my knowledge, information, and belief.

\_\_\_\_\_  
SIGNATURE OF PROPERTY OWNER

\_\_\_\_\_  
APPLICATION DATE

### FOR OFFICE USE ONLY

- A. TOTAL APPROVED COST OF INSTALLING THE FIRE SPRINKLER SYSTEM: \_\_\_\_\_
- B. AMOUNT OF GENERAL COUNTY TAX: \_\_\_\_\_ x 50% = \_\_\_\_\_
- C. FIRE SPRINKLER TAX CREDIT (Equals the lesser of A or B): \_\_\_\_\_