



BALTIMORE CITY
DEPARTMENT OF HOUSING &
COMMUNITY DEVELOPMENT



RENTAL PROPERTY LICENSE

Registration No: 083242

License Expiration Date: 02/15/2024

OWNER

PROPERTY SOLUTIONS & INVESTMENTS, LLC
P. O. BOX 19507
BALTIMORE, MD 21206

OPERATOR

Property Address: 719 N CURLEY ST

Block/Lot: 1629/019I

Inspection Date: 02/15/2021	License Issue Date: 03/09/2021
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DWELLING UNITS COUNT	ROOMING UNITS COUNT	OTHER UNITS COUNT	RENTAL LICENSE EXPIRATION DATE
1	0	0	02/15/2024

FOR MULTIPLE-FAMILY DWELLINGS OR ROOMING HOUSES, THIS LICENSE MUST BE PROMINENTLY
DISPLAYED IN THE VESTIBULE, LOBBY, OR OTHER PUBLIC PLACE ON THE PREMISES

FOR A 1- OR 2-FAMILY DWELLING, THIS LICENSE MUST BE LOCATED IN AN AREA OF EACH DWELLING UNIT
THAT IS ACCESSIBLE TO THAT UNIT'S OCCUPANT AND TO HOUSING INSPECTORS

Detach and post as instructed above, keep top portion for your records



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DWELLING UNITS COUNT	ROOMING UNITS COUNT	OTHER UNITS COUNT	REGISTRATION NUMBER	INSPECTION DATE	RENTAL LICENSE EXPIRATION DATE
1	0	0	083242	02/15/2021	02/15/2024

RENTAL PROPERTY LICENSE

MARYLAND DEPARTMENT OF THE ENVIRONMENT

798658

LEAD PAINT RISK REDUCTION (MDE FORM 330) INSPECTION CERTIFICATE NO.

0348052 MDE TRACKING NO. (Include county code prefix.) 0307181629019 Property Solutions and Investments LLC OWNER NAME
419 N. Curley Street SF4 Baltimore 21205 Balt. City 1915 Property Construction Date
 Street Address Unit No. City Zip Code County

The Maryland accredited lead inspector must mark an inspection category 1, 2, 3, or 5 and mark the appropriate inspection method. Only ONE category and method are to be marked. The following attachments are required to be submitted with the certificate: Form C, laboratory results, and diagrams for Full Risk Reduction, and Forms B and C, original signed copy of Supervisor's Statement of Work, laboratory results, and diagrams collected for Modified Risk Reduction. Form E for Lead Free, which shall include a \$10 per unit processing fee for each certificate. To be paid to: P.O. Box 1417, Baltimore, MD 21203. The certificate shall be signed by the inspector who performed the inspection. Inspection certificates and all required attachments must be submitted to MDE within 10 days following Lead Free and Lead Safe Inspections and within 10 days following the receipt of dust sample results for Full and Modified Risk Reduction Inspections. Copies of all inspection records shall be maintained for at least 5 years by lead inspection contractors. Maximum penalties will be pursued by MDE for any falsified documentation that is received by MDE. Indicate "0000" if Property Construction Date is unknown. Lead paint inspection contractors **must** mail inspection certificates and the supporting documentation for inspection certificates to: P.O. Box 943, Jessup, MD 20794.

INSPECTION CATEGORIES

1. Lead Free	2. Full Risk Reduction	3. Modified Risk Reduction	5. Lead Safe
☐ 1. Lead Free ☐ A. One Time Only (Interior & Exterior) OR ☐ B. Limited (Interior Lead Free Only) Passing Re-inspection required no later than: ____ / ____ / ____ Number of Pre-1950 Lead Free Units ____ Number of Post-1949 Lead Free Units ____	☒ 2. Full Risk Reduction ☒ A. Dust Inspection OR ☐ D. Dust Inspection with Exterior Waiver Passing Re-inspection (Form D and Supervisor Statement of Work) required no later than 04 / 30 / ____ unless otherwise noted in local code. OR ☐ E. Dust Inspection with Lead Free Exterior	☐ 3. Modified Risk Reduction ☐ B. Visual Inspection and Dust Inspection OR ☐ C. Visual Inspection and Dust Inspection with Exterior Waiver Passing Re-inspection (Form D and Supervisor Statement of Work) required no later than 04 / 30 / ____ unless otherwise noted in local code. OR ☐ D. Visual Inspection and Dust Inspection with Lead Free Exterior	☐ 5. Lead Safe ☐ A. Dust Inspection OR ☐ B. Dust Inspection and Visual Inspection OR ☐ C. Dust Inspection with Lead Free Exterior OR ☐ D. Dust Inspection and Visual Inspection with Lead Free Exterior AND Verification that windows are lead free or have been treated so friction surfaces are lead free.

☒ **PASSED** Based on the findings of the attached inspection report(s), I certify that the **property/unit** meets the certification criteria at this time. (circle property or unit)

☐ **FAILED** Based on the findings of the attached inspection report(s), the **property/unit** fails to meet certification criteria at this time. (circle property or unit)

I certify that I inspected the above listed **property/unit** on 3 / 9 / 2017 at 5 : 19 a.m.(p.m.) under Title 6, Subtitle 8 of the Environment Article, Annotated Code of MD.

Reginald W. Keogh 16331 2 / 16 / 2019 1st Class Lead Inspection 13443 2 / 16 / 2019
 Inspector's Name Accreditation No. Accreditation Exp. Date Inspection Contractor Name Accreditation No. Accreditation Exp. Date