

Application Type:

Check One:

Initial: _____

Transfer: _____

Updated Info: _____

Renewal: _____

**REGISTRATION APPLICATION
HOWARD COUNTY, MARYLAND COMMON
OWNERSHIP COMMUNITY ASSOCIATION**

Department of Inspections, Licenses and Permits

7125 Riverwood Drive, Suite D2

Columbia, MD 21046

Licenses: 410-313-2455 (Option 4) – Inspections: 410-313-1830

**Condo FS** - _____ - _____**Entity Name (Full Legal Name of Association as in the Articles of Incorporation or Declaration)**

Condominium Name:

Condominium Property Address

Building Addresses:

City: _____ State: MD _____ Zip.: _____

of Buildings: _____ # of Units: _____ Sprinkler System Installed: Yes _____ No _____

Resident Agent (Individual designated to receive legal service) P.O. Boxes Only Cannot Be Accepted

Name:

Street Address:

City: _____ State: _____ Zip.: _____

Email:

Phone: _____ Fax: _____

Condominium or Cooperative Contact (Must Be a Resident of Maryland)

Name:

Street Address:

City: _____ State: MD _____ Zip.: _____

Website

Email:

Phone: _____ Fax: _____

Management Company: (P.O. Boxes Only Cannot Be Accepted)

Company Name:

Property Manager:

Company Address:

City: _____ State: _____ Zip.: _____

Email:

Phone: _____ Fax: _____

Condominium President: *(Physical Residential Street Address Required)*

Name:		
Home Address:		
City:	State:	Zip.:
Email:		
Phone:	Fax:	

Condominium Vice President: *(Physical Residential Street Address Required)*

Name:		
Home Address:		
City:	State:	Zip.:
Email:		
Phone:	Fax:	

Condominium Secretary: *(Physical Residential Street Address Required)*

Name:		
Home Address:		
City:	State:	Zip.:
Email:		
Phone:	Fax:	

Condominium Treasurer: *(Physical Residential Street Address Required)*

Name:		
Home Address:		
City:	State:	Zip.:
Email:		
Phone:	Fax:	

Other Condominium Officers, If Applicable: *(Physical Residential Street Address Required)*

Name:		
Home Address:		
City:	State:	Zip.:
Email:		
Phone:	Fax:	

Condominium Manager: *(Physical Residential Street Address Required)*

Name:		
Home Address:		
City:	State:	Zip.:
Email:		
Phone:	Fax:	

Agreement/Disclaimer Section:

I, _____ (please print) have carefully examined and read this application and know the same is true and correct.

Signature: _____ Date: ____/____/____

Title _____

Within 30 days of a change, a common ownership community shall notify this Department via this form if there is a change in the name of the community, the ownership interest of the community, including a change in the resident agent, officer, or management company or any other information contained on this form.

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