



HOWARD COUNTY DEPARTMENT OF PUBLIC WORKS

3430 Courthouse Drive

Ellicott City, Maryland 21043

410-313-4401

Thomas Meunier, Director
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FAX 410-313-3408
TDD 410-313-2323

June 10, 2021

To: [Developer/Owner]
[Address]
Via:

From: Howard County Department of Public Works
Real Estate Services Division
Phone No: 410-313-2330

Subject: Information required for [P&Z File No.]
[Project Name]

Please be advised that our office has started to receive information required for the preparation of agreements and/or easement documents for the above referenced project. Prior to the preparation of the legal documents, specific information from the Developer, Owner or their authorized agent(s), is needed. Additionally, the Developer and Owner are required to execute all agreements, post all sureties, and pay all fees prior to signature approval and recordation of the original final plat, or signature approval on the Site Development Plan. For this reason, assemble the requested documentation and make all administrative decisions carefully – the written responses are used to prepare legal documents. **If documents based off of the information provided to our office are required to be revised, there will be a charge of \$400 per agreement, up to \$1,600.**

Please complete and provide this office with the following items as soon as possible:

1. **Instruction Letter(s)**: The *Instruction letter** includes information that will be used to prepare the legal agreement(s). Carefully consider the decision for each of the items listed on the form; all fields are required to be completed. All Owner(s), and Developer(s) if applicable, must be listed.
2. **Entity Information Sheet(s)**: Provide an *Entity Information Sheet(s)** for each Owner and/or Developer, and all associated entities.

Listed below are the various types of entities, along with the corresponding form required. Each entity information sheet must be completed in its entirety. By the same token, any entity listed as an authorized officer, member, or partner, must also complete an entity form.

Furthermore, should an authorized signor not be available to execute the legal agreements, a copy of the recorded power of attorney, giving authority to the designated person, will be required.

<u>Corporations</u>	Form A
<u>Partnerships/Joint Ventures</u>	Form B
<u>Limited Liability Company</u>	Form C
<u>Individual Owners and/or</u>	
<u>Sole Proprietors</u>	Form D
<u>Miscellaneous and Trusts</u>	Form E

3. **Contracts of sale and/or other legal agreements:** Provide any/all copy(ies) of active, unrecorded legal documents affecting the property, including, but not limited to, contracts of sale and/or leases.

When the administrative decisions have been made and reviewed for accuracy, return the information requested, along with the title report, to @howardcountymd.gov.

Feel free to contact our office at 410-313-2330 with any additional questions regarding this project.

Thank you,

Enclosures

***Information Sheets, Preservation Easement Checklists, and the Instruction Letter form can be downloaded at <https://www.howardcountymd.gov/Departments/Public-Works/Real-Estate-Services-Division/Public-Works-Board>.**

TAR\SERIES 701 – RQST for INFO.docx

Date: _____

To: **Howard County Department of Public Works
Real Estate Services Division
3430 Court House Drive
Ellicott City, Maryland 21043
Phone No. 410-313-2330**

RE: **P&Z File No.**
Name of Subdivision/Site: Subdivision/Site Name

Dear **Agent**:

The following is in response to your letter dated **June 10, 2021**.

1. The fee simple Owner** of the property is _____
↳ Signor: _____
2. The completed and signed Information Sheets are attached: Yes No
3. A Contract of Sale** and/or Lease is applicable. Yes No
(Attach if applicable)
4. Copy of title deed to related property Yes No

**The above responses are used to prepare legal documents; any revisions to the documents after they are prepared, and based off of the above information, will be charged \$400 per agreement, up to \$1,600.00.

I solemnly declare and affirm under the penalties of perjury that the information contained within and attached hereto is true, correct and complete.

Sincerely,

Signature

**HOWARD COUNTY INFORMATION SHEET
CORPORATION**

FORM A

1. CORPORATE NAME: _____
2. CORPORATE ADDRESS: _____
3. PRINCIPAL BUSINESS OFFICE ADDRESS: _____

- TELEPHONE: (WORK) _____ (CELL) _____
- FAX: _____ EMAIL: _____
4. NAME AND ADDRESS OF RESIDENT AGENT: _____

5. DATE OF INCORPORATION: _____ STATE OF INCORPORATION: _____
6. IF INCORPORATED IN ANOTHER STATE, IS CORPORATION REGISTERED AND QUALIFIED TO DO BUSINESS IN THE STATE OF MARYLAND? YES _____ NO _____
7. IS CORPORATION IN GOOD STANDING WITH THE STATE OF MARYLAND? YES ___ NO ___
8. IS THIS A CLOSE CORPORATION? YES _____ NO _____
9. MD STATE ASSESSMENT REGISTRATION NO.: _____
10. TAXPAYER IDENTIFICATION NUMBER: _____

Legal documents must be executed by the Corporate President or Vice President and the signature must be ATTESTED, not witnessed, by the Corporate Secretary or Assistant Secretary except in the case of a close corporation in which the signature may be witnessed. If someone other than the President or Vice President executes, the documents must be accompanied by a copy of Corporate By-Laws or Corporate Resolution indicating authority of individual to bind corporation.

11. NAMES AND ADDRESSES OF ALL CURRENT OFFICERS (ATTACH ADDITIONAL PAGES, IF NECESSARY):
NAME: _____ TITLE: _____
ADDRESS: _____
NAME: _____ TITLE: _____
ADDRESS: _____
NAME: _____ TITLE: _____
ADDRESS: _____
12. NAMES AND ADDRESSES OF ALL CURRENT DIRECTORS (ATTACH ADDITIONAL PAGES, IF NECESSARY):
NAME: _____ TITLE: _____
ADDRESS: _____
NAME: _____ TITLE: _____
ADDRESS: _____

I solemnly declare and affirm under the penalties of perjury that the information contained within and attached hereto is true, correct and complete.

(Authorized Signature) (Date)

(Type or Print Name) (Title)

HOWARD COUNTY INFORMATION SHEET
PARTNERSHIP OR JOINT VENTURE

FORM B

1. PARTNERSHIP OR JOINT VENTURE NAME: _____

2. PRINCIPAL BUSINESS OFFICE ADDRESS: _____

TELEPHONE: (WORK) _____ (CELL) _____

FAX: _____ E-MAIL: _____

3. NAME AND ADDRESS OF GENERAL PARTNERS (ATTACH ADDITIONAL PAGES, IF NECESSARY):

Each corporation, partnership, joint venture, or organization identified as a General Partner must be fully identified on its own Information Sheet. All agreements between Howard County and a partnership or joint venture are to be executed by the Managing Partner and a General Partner, which may be the same person or entity.

NAME: _____ TITLE: _____

ADDRESS: _____

NAME: _____ TITLE: _____

ADDRESS: _____

NAME: _____ TITLE: _____

ADDRESS: _____

4. NAME AND ADDRESS OF LIMITED PARTNERS (ATTACH ADDITIONAL PAGES, IF NECESSARY):

NAME: _____ TITLE: _____

ADDRESS: _____

NAME: _____ TITLE: _____

ADDRESS: _____

5. NAME OF MANAGING PARTNER: _____

6. DATE PARTNERSHIP WAS FORMED: _____ STATE OF CERTIFICATION: _____

7. MD STATE ASSESSMENT REGISTRATION NO.: _____

8. TAXPAYER IDENTIFICATION NUMBER: _____

9. IS PARTNERSHIP AGREEMENT RECORDED AMONG THE LAND RECORDS?
YES _____ NO _____

I solemnly declare and affirm under the penalties of perjury that the information contained within and attached hereto is true, correct and complete.

(Authorized Signature) (Date)

(Type or Print Name) (Title)

ATTACH COPY OF STATEMENT OF PARTNERSHIP AUTHORITY IF ONE HAS BEEN FILED WITH THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION.

HOWARD COUNTY INFORMATION SHEET
LIMITED LIABILITY COMPANY (L.L.C.)
(Not to be used by Limited Liability Limited Partnership)

FORM C

1. L.L.C. NAME: _____
2. L.L.C. ADDRESS: _____
3. PRINCIPAL BUSINESS OFFICE ADDRESS: _____

TELEPHONE: (WORK) _____ (CELL): _____
FAX: _____ EMAIL: _____
4. NAME AND ADDRESS OF RESIDENT AGENT: _____

5. DATE OF FORMATION: _____ STATE OF FORMATION: _____
6. IF ORGANIZED IN ANOTHER STATE, IS L.L.C. REGISTERED TO DO BUSINESS IN THE STATE OF MARYLAND? YES _____ NO _____
7. MD STATE ASSESSMENT REGISTRATION NO.: _____
8. TAX IDENTIFICATION NUMBER: _____

Each corporation, partnership, joint venture, or organization identified as a Member must be fully identified on its own Information Sheet. All agreements between Howard County and a Limited Liability Company (L.L.C.) are to be executed by a Member of the L.L.C. who is authorized to act as an agent of the L.L.C.

9. NAMES AND ADDRESSES OF MEMBERS WHO ARE AUTHORIZED TO ACT AS AN AGENT OF THE LIMITED LIABILITY COMPANY (ATTACH ADDITIONAL PAGES, IF NECESSARY):
NAME: _____ TITLE: _____
ADDRESS: _____
NAME: _____ TITLE: _____
ADDRESS: _____
NAME: _____ TITLE: _____
ADDRESS: _____
10. NAMES AND ADDRESSES OF ANY OTHER MEMBERS OF THE LIMITED LIABILITY COMPANY (ATTACH ADDITIONAL PAGES, IF NECESSARY):
NAME: _____ TITLE: _____
ADDRESS: _____
NAME: _____ TITLE: _____
ADDRESS: _____

I solemnly declare and affirm under the penalties of perjury that the information contained within and attached hereto is true, correct and complete.

(Authorized Signature) (Date)

(Type or Print Name) (Title)

HOWARD COUNTY INFORMATION SHEET
SOLE PROPRIETORSHIP (or Individual Homeowner(s))

FORM D

SOLE PROPRIETOR'S NAME: _____

ADDRESS: _____

TELEPHONE: (WORK) _____ (CELL) _____

FAX: _____ E-MAIL: _____

I do solemnly declare and affirm under the penalties of perjury that the information contained within is true and correct to the best of my knowledge.

(Signature) (Date)

(Signature) (Date)

(Type or Print Name)

(Type or Print Name)

* * * * *

IF APPLICABLE

BUSINESS OR TRADE NAME: _____

MD STATE ASSESSMENT REGISTRATION NO. (Business License): _____

I solemnly declare and affirm under the penalties of perjury that the information contained within and attached hereto is true, correct and complete.

(Signature) (Date)

(Type or Print Name)

HOWARD COUNTY INFORMATION SHEET
MISCELLANEOUS ORGANIZATION

FORM E

THIS FORM IS NOT TO BE COMPLETED BY A CORPORATION, PARTNERSHIP, JOINT VENTURE, LIMITED LIABILITY COMPANY, OR SOLE PROPRIETORSHIP.

1. TYPE OF ORGANIZATION: _____
2. NAME OF ORGANIZATION: _____
3. OFFICE ADDRESS: _____

TELEPHONE: (WORK) _____ (CELL) _____
FAX: _____ EMAIL: _____
4. MD STATE ASSESSMENT REGISTRATION NO. (Business License): _____
5. TAXPAYER IDENTIFICATION NUMBER: _____
6. TAX EXEMPT? YES _____ NO _____
7. NAMES AND ADDRESSES OF TRUSTEES, DIRECTORS, ETC. (THOSE EMPOWERED TO ACT ON BEHALF OF THE ORGANIZATION. ATTACH ADDITIONAL PAGES, IF NECESSARY):
NAME: _____ TITLE: _____
ADDRESS: _____
NAME: _____ TITLE: _____
ADDRESS: _____
NAME: _____ TITLE: _____
ADDRESS: _____
NAME: _____ TITLE: _____
ADDRESS: _____

If the authority to execute documents on behalf of the organization is not apparent in the Corporations and Associations Article of the Annotated Code of Maryland by virtue of the title an individual holds in an organization, written documentation of such authority must accompany the executed documents.

8. NAMES AND TITLES OF THOSE AUTHORIZED TO EXECUTE ON BEHALF OF THE ORGANIZATION:
NAME: _____ TITLE: _____
NAME: _____ TITLE: _____
NAME: _____ TITLE: _____

I solemnly declare and affirm under the penalties of perjury that the information contained within and attached hereto is true, correct and complete.

(Authorized Signature) (Date)

(Type or Print Name) (Title)

