

**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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