


Application Type: Check One: Initial: _____ Transfer Owner: _____ Updated Info: _____ Renewal: _____	REGISTRATION APPLICATION HOWARD COUNTY, MARYLAND COMMON OWNERSHIP COMMUNITY ASSOCIATION Department of Inspections, Licenses and Permits 9250 Bendix Road Columbia, MD 21045 Licenses: 410-313-2455, Option #4 – Inspections: 410-313-1830	
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Common Ownership Registration Property Information:

Property / Condominium Name:		
Property Address:		
City:	State:	Zip Code:
Subdivision:	# of Buildings:	# of Units:
Sprinkler System Installed: Select One: Yes _____ No _____ Unknown _____		

Full Legal Name of Association (as in the Articles of Incorporation or Declaration):

Name:

Street Address of Condominium or Cooperative:

Address:		
City:	State:	Zip Code:

Condominium Association Website and E-mail:

Website:	Email:
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Condominium or Cooperative Contact Person (Must Reside in Maryland):

Name:		
Address:		
City:	State: MARYLAND	Zip:
Email:		Website:
Phone:		Fax:

Management Company:

Name:		
Address:		
City:	State:	Zip:
Phone:		Email:

Resident Agent:

Name:		
Address:		
City:	State:	Zip:
Phone:		Email:

Condominium President:

Name:		
Address:		
City:	State:	Zip:
Phone:		Email:

Condominium Vice President:

Name:		
Address:		
City:	State:	Zip:
Phone:		Email:

Condominium Secretary:

Name:		
Address:		
City:	State:	Zip:
Phone:	Email:	

Condominium Treasurer:

Name:		
Address:		
City:	State:	Zip:
Phone:	Email:	

Other Condominium Officers (If Applicable):

Name:	Title:	
Address:		
City:	State:	Zip:
Phone:	Email:	

Condominium Manager:

Name:		
Address:		
City:	State:	Zip:
Phone:	Email:	

Agreement/Disclaimer Section:

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

Signature: _____ Title _____ Date: ___/___/___

Within 30 days of a change, a common ownership community shall notify this department **in writing** 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.

For Office Use Only:**Registration No.:**