

<b>Application Type:</b> Check One:  Initial: _____ Transfer Owner: _____ Updated Info: _____ Renewal: _____	<b>REGISTRATION APPLICATION</b> <b>HOWARD COUNTY, MARYLAND COMMON OWNERSHIP</b> <b>COMMUNITY ASSOCIATION</b> Department of Inspections, Licenses and Permits 3430 Court House Drive Ellicott City, MD 21043 Licenses: 410-313-2455 – 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:
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**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:

**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.:**