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CONDOMINIUM CONVERSION FORM

Property Address: _____

Current use of existing property: _____

Number of units in the existing property: _____ Zoning of existing property: _____

Number of tenants: _____ If any tenants are elderly, what are their ages: _____

Are any tenants under a lease: _____ If so, term of lease(s): _____

Declarant name(s):* _____

Declarant address(s): _____

Declarant's phone number: _____

Declarant's email address: _____

Proposed Condominium name: _____

Number of Units to conversion: _____

Will there be one water connection or separate connections to each unit: _____

Will there be one sewer connection or separate connections to each unit: _____

Surveyor's name: _____

Surveyor's address: _____

Surveyor's phone: _____

Insurance Company name: _____

Insurance Company's phone: _____

Premium for Master Insurance Policy: _____ Coverage dates: _____ to _____

Annual water fee: _____

Annual Narragansett Bay Commission sewer fee: _____

Annual City/Town sewer fee: _____

Annual real estate taxes: _____

Annual fire district taxes, if any: _____

Annual common electric fee: _____

Annual other fees (identify: trash, oil, gas): _____

Total Sewer assessment, if any: _____ Annual payment amount: _____

Realtor name: _____

Realtor phone number: _____

Realtor email address: _____

***Declarant is the name of the person(s) who own the property.**