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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.**