



CITY OF HALLANDALE BEACH
400 S FEDERAL HWY
HALLANDALE BEACH, FL 33009
CONDOMINIUM REGISTRATION FORM

Submittal Date: _____

NEW REGISTRATION

RENEWAL

City Ordinance No. 2020-013, Chapter 9, Sections 9-10

CONDOMINIUM REGISTRATION FEE SCHEDULE		NON-REFUNDABLE
NEW OR RENEWAL CONDOMINIUM		\$150
1ST WARNING - ADDITIONAL FINE WILL BE ASSESS IF NOT REGISTERED WITHIN 30 DAYS		\$150
2ND WARNING - ADDITIONAL FINE WILL BE ASSESS IF NOT REGISTERED WITHIN 60 DAYS		\$150
FINAL WARNING - ADDITIONAL FINE WILL BE ASSESS IF NOT REGISTERED PAST 60 DAYS		\$500
PLEASE MAKE CHECK OR MONEY ORDER TO: CITY OF HALLANDALE BEACH		

CHECKLIST	
<input type="checkbox"/>	A List of all officers and directors of the association with contact information
<input type="checkbox"/>	An impression of the corporate seal of the association
<input type="checkbox"/>	Alegible copy of the Bylaws
<input type="checkbox"/>	A list of planned capital projects, if any from date of application through October 1 of the following year
<input type="checkbox"/>	A copy of the most recent financial audit
<input type="checkbox"/>	Specify the location where all building permits for work in common areas shall be Posted during construction (diagram or picture)

CONDOMINIUM INFORMATION	
CONDOMINIUM ASSOCIATION NAME:	HALLANDALE BEACH, FL 33009
BUSINESS ADDRESS AND LEGAL DESCRIPTION OF PROPERTY:	
GROSS SQUARE FOOTAGE:	

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PROPERTY OWNER INFORMATION	
OWNER'S NAME:	
PERMANENT MAILING ADDRESS:	
CITY, STATE AND ZIP:	
HOME PHONE:	CELL PHONE:
BUSINESS PHONE:	EMAIL:

PROPERTY MANAGER'S INFORMATION	
MANAGER'S NAME:	
MAILING ADDRESS:	
CITY, STATE AND ZIP:	
HOME PHONE:	CELL PHONE:
BUSINESS PHONE:	EMAIL:

24/7 LOCAL AGENT'S INFORMATION - AGENT CANNOT BE PROPERTY MANAGER	
AGENT'S NAME:	
ADDRESS:	
CITY, STATE AND ZIP:	
HOME PHONE:	CELL PHONE:
BUSINESS PHONE:	
EMAIL:	
ASSOCIATION WEBSITE ADDRESS:	

APPLICANT AFFIDAVIT OF AGREEMENT

By signing this agreement, I, the property owner, property manager or authorize agent agree and acknowledge that I was provided a copy of the City of Hallandale Ordinance No. 2020-013, Chapter 9, Section 9-10 for Condominium licenses. I have carefully review Ordinance No. 2020-013 and acknowledge that this Condominium property complies with such. All facts, figures and statements contained herein are true, correct and complete to the best of my knowledge and belief. I also acknowledge and understand that providing any false or misleading information on this application may result in the denial or the revocation thereof, of any license or permit issued by the City of Hallandale Beach which was based upon information provided in this application. I further affirm that with this affidavit, I am complying with Section 9-10 "Condominium/Homeowner association."

Print Name: _____

Signature: _____

Date: _____