



**CITY OF BALTIMORE
DEPARTMENT OF TRANSPORTATION
Right-of-Way Services Division
Property Location Section
The Councilman Harry S. Cummings Building
401 East Fayette Street, Suite 101
Baltimore, MD 21202**



CONSOLIDATION REQUEST

Property Location Section
Attn: Dawn Flanary
The Councilman Harry S. Cummings Bldg.
401 East Fayette Street, Suite 101
Baltimore, Maryland 21202
(410) 396-3800

Date: _____

Please consolidate my _____ Tax Lots into one so I may receive only one Tax Bill.

The properties are currently known as:

(Current Addresses) _____

The current Tax I.D. no.'s are: **Ward** _____ **Section** _____ **Block** _____ **Lots** _____

I am requesting the consolidated properties to now be known as: _____

I understand the properties requested to be consolidated into (1) tax lot, **must be owned in fee simple**, have title vested in the **same person, persons or corporation**, be **adjoining tax lots**, have **any and all municipal liens levied against any of the affected properties posted paid within the Bureau of Revenue Collections records**. In addition, the consolidation of the requested properties **must not violate any building code or zoning code**. It is further understood that the division of an existing tax lot or the re-establishment of a previously consolidated property into two (2) or more lots will require either a Subdivision or Minor Subdivision submission to the Department of Planning regardless if it is supported by Land Records or not.

A one-time administrative fee of \$80.00 is required to file the Consolidation Request. In addition, the Department of Finance requires a valid lien certificate be obtained for each of the properties requested to be consolidated. The cost of a lien certificate is \$55.00 **per property**. Your submitted package must contain one Lien Sheet request form for each property and a completed Consolidation Request form along with Cash, Check or Money Order made payable to the "Director of Finance." One single Check or Money Order may be sent for the combined total of all fees.

<u>Agency Approvals</u>
Property Location Section: _____
Collections: _____
Building Inspection: _____ _____ _____
Zoning: _____ _____ _____
(Please give explanation for denial)

Please Print:

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

Signature of Owner

(Please give explanation of why this consolidation is occurring)
Example: Tax Purposes, Permit Filing, etc.

***NOTE: If you are making application by mail, please be sure to include all applicable fees as described above.
(NO REQUESTS FOR CONSOLIDATION WILL BE ACCEPTED MAY 1 THROUGH JULY 1)**

Received from: _____ Cash: _____ Check: _____ Money Order: _____ Exempt: _____
Amount: \$ _____ Received by: _____ Date: _____ Change Sheet: _____ Date: _____ New Lot # _____

MAYOR AND CITY COUNCIL OF BALTIMORE
DEPARTMENT OF FINANCE
BUREAU OF REVENUE COLLECTIONS
COLLECTION DIVISION
LIEN UNIT
410-396-3991
200 HOLLIDAY STREET
BALTIMORE, MARYLAND 21202

DOT CONSOLIDATION REQUEST # _____

(For Office Use Only)

1. PRINT OR TYPE THE INFORMATION REQUESTED ON THIS FORM.
2. PRINT IN THE SPACES PROVIDED THE EXACT BLOCK AND LOT AND PROPERTY ADDRESS AS RECORDED IN THE BOOKS OF THE MARYLAND DEPARTMENT OF ASSESSMENTS & TAXATION.
****IF THE ADDRESS AND THE BLOCK AND LOT PROVIDED DO NOT MATCH THE SEARCH WILL BE DONE USING THE PROPERTY ADDRESS PROVIDED ON THE APPLICATION.
3. THIS OFFICE WILL NOT BE RESPONSIBLE FOR ERRORS DUE TO IMPROPER OR INCOMPLETE DESCRIPTION.
4. A SEPARATE APPLICATION MUST BE FILED AND A FEE OF \$55.00 FOR EACH PROPERTY OR LOT SEPARATELY ASSESSED IN THE BOOKS OF THE MARYLAND DEPARTMENT OF ASSESSMENTS.

BLOCK	LOT
<input type="text"/>	<input type="text"/>

FEE \$55.00 PER PROPERTY

LOT AND IMPROVEMENT KNOWN AS: _____ DATE: _____

ADDRESS or DESCRIPTION: _____

OWNER: _____

IS CURRENT OWNER SUBJECT TO A MARYLAND INDIVIDUAL BUSINESS OR CORPORATE PERSONAL PROPERTY TAX?
YES _____ NO _____

APPLICANT INFORMATION: HOLD FOR PICKUP: YES _____ NO _____ RELEASE TO DOT _____

APPLICANT NAME: _____

MAILING ADDRESS: _____

ATTENTION: _____

CITY , STATE _____ ZIPCODE _____ PHONE # _____

EMAIL ADDRESS: _____

MAKE ALL CHECKS PAYABLE TO: "DIRECTOR OF FINANCE"

MAIL ALL LIEN APPLICATIONS TO: BUREAU OF REVENUE COLLECTIONS
LIENS UNIT
ABEL WOLMAN MUNICIPAL BUILDING
200 HOLLIDAY STREET, ROOM 1
BALTIMORE, MARYLAND 21202

NOTICE: The request for the consolidation of multiple real property accounts **WILL NOT BE PROCESSED** until all taxes and other liens are paid. A return check charge of \$30.00 will be assessed on each bill which is paid with a check that is returned by the bank or other financial institution on which it is drawn.

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