



Planning & Zoning: Declaration of Intent - C, Commercial Forestry

Calvert County, Maryland Department of Planning & Zoning
205 Main Street, 2nd Floor, Prince Frederick, MD 20678
Phone: (410) 535-2348, (410) 535-1600 ext. 2356
MD Relay: (800) 735-2258, Fax: (410) 535-3092
Email: PZ@calvertcountymd.gov

Project Name: _____ Project Number: _____

OWNER(S)

Owner(s) Name(s): _____
Mailing Address: _____ Phone: _____
City: _____ State: _____ Zip: _____
eMail: _____

PROPERTY INFORMATION

Tax Map: _____ Grid: _____ Parcel: _____ Lot Number: _____
Tax ID: _____ Election District: _____ 1 _____ 2 _____ 3 _____

I (We), _____, the owner(s) of the real property located at _____
and described as _____

hereby declare my (our) intention to continue and/or place into commercial forestry use the above property, in accordance with the provisions of the Calvert County Forest Conservation Program and COMAR 08.19.01.04, for a period of at least five (5) consecutive full taxable years following this date. (Attach sketch map of parcel and portion of parcel to be harvested and covered by this Declaration of Intent. Also, attach Forest Management Plan if available.)

This declaration grants an exception for commercial forestry activities under the Calvert County Forest Conservation Program. If the land does not remain in commercial forestry use, the Owner(s) must notify the Calvert County Department of Planning & Zoning. If the Owner(s) make application for an activity regulated under the Forest Conservation Program, on all or part of the parcel within the five (5) year period, Calvert County shall require the Owner(s) to meet the requirements of the Calvert County Forest Conservation Program. Any forest area under the Forestry Declaration of Intent, whether harvested or not, will be considered as forest in application of the requirements.

I (we) declare that this declaration, including any accompanying forms and statements, has been examined by me (us) and the information contained herein, to the best of my (our) knowledge, information, and belief, is true, correct, and complete.

Please identify each individual as a Grantor or Grantee. If additional signature lines are necessary, please attach the Supplemental Signature Form (PZ-SIG)

Grantor	<input type="checkbox"/>	Grantee	<input type="checkbox"/>	(please print) Full Name:	_____	
Signature:	_____				Date Signed:	_____
Grantor	<input type="checkbox"/>	Grantee	<input type="checkbox"/>	(please print) Full Name:	_____	
Signature:	_____				Date Signed:	_____
Grantor	<input type="checkbox"/>	Grantee	<input type="checkbox"/>	(please print) Full Name:	_____	
Signature:	_____				Date Signed:	_____
Grantor	<input type="checkbox"/>	Grantee	<input type="checkbox"/>	(please print) Full Name:	_____	
Signature:	_____				Date Signed:	_____

State of: _____
County of: _____

Signed and sworn to (or affirmed) before me this _____ day of _____, 20_____

(stamp/seal)

(Signature of Notary Public)

Notary Public, State of _____

My Commission Expires: _____