



Planning & Zoning: Declaration of Intent - K, Real Estate Transfer

Calvert County, Maryland Department of Planning & Zoning
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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 [ ]

to my/our [ ] (Relationship)

[ ] (assignee's name)

hereby declare my (our) intention to invoke the real estate transfer exemption for 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.

This declaration grants an exception for a real estate transfer to provide a security, leasehold or other legal or equitable interest, including transfer of title, in a portion of a lot or parcel based on the Calvert County Forest Conservation Program. The transfer does not involve a change in land use, or new development or redevelopment, with associated land disturbing activities. If the Owner(s) make application for an activity regulated under the Forest Conservation Program, clear more than 20,000 square feet of forest, or violate the requirements of a previous Forest Conservation Plan on all or part of the parcel within the five (5) year period, Calvert County may require the Owner(s) to meet the forest conservation threshold established in the Forest Conservation Program, and shall also assess a noncompliance fee for forested areas cleared in violation of the agricultural exemption.

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

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.

Grantor [ ] Grantee [ ] (please print) Full Name: [ ]

Signature: [ ] Date Signed: [ ]

Grantor [ ] Grantee [ ] (please print) Full Name: [ ]

Signature: [ ] Date Signed: [ ]

Grantor [ ] Grantee [ ] (please print) Full Name: [ ]

Signature: [ ] Date Signed: [ ]

Grantor [ ] Grantee [ ] (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: [ ]