



Planning & Zoning: Declaration of Intent - D, Agricultural Use

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: DevRev@calvertcountymd.gov

Project Name:		Project Number:	
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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 agricultural 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. To qualify as agricultural use, the area covered by the DOI must have a Farm Plan approved by Calvert Soil Conservation District. (Attach sketch map of parcel and portion of parcel to be harvested and covered by this Declaration of Intent.)

This declaration grants an exception for agricultural activities under the Calvert County Forest Conservation Program. If the land does not remain in agricultural 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, and shall also assess a noncompliance fee for forested areas cleared in violation of the agricultural exemption.

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		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: _____