

Applicant (Owner, Owner's Representative, or Contract Purchaser – check applicable: written verification required if not the owner)

Name _____

Street Address _____

City _____ State _____ Zip Code _____

Telephone Number ext. _____ Fax Number _____ E-mail _____

Plan Preparer (Qualifications of preparer must be included if individual has not been previously certified.)

Name _____ L.A. or Forester Certification No. _____

Street Address _____

City _____ State _____ Zip Code _____

Telephone Number ext. _____ Fax Number _____ E-mail _____

Complete sections 1 and 2: (and section 3 if applying for an FCP Exemption)

1.	<p>Type of Plan approval being applied for in addition to this NRI/FSD application</p> <p><input type="checkbox"/> Pre-Application Submission <input type="checkbox"/> Site Plan <input type="checkbox"/> Development Plan</p> <p><input type="checkbox"/> Administrative Subdivision Plan <input type="checkbox"/> Conditional Use/Special Exception <input type="checkbox"/> Park Development Plan</p> <p><input type="checkbox"/> Preliminary Plan <input type="checkbox"/> Mandatory Referral <input type="checkbox"/> Minor Subdivision</p> <p><input type="checkbox"/> Project Plan <input type="checkbox"/> Sediment Control or Small Land Disturbance (if known, MCDPS permit #_____)</p> <p><input type="checkbox"/> Sketch Plan</p>
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2.	<p>Type of NRI/FSD Plan Submittal (See Forest Conservation Regulation for NRI/FSD requirements):</p> <p><input type="checkbox"/> Full NRI/FSD (as described in the Forest Conservation Regulations, Section 22A.00.01.06.A and the application Upload Checklist and Submittal Requirements)</p> <p><input type="checkbox"/> Simplified NRI/FSD (as described in the Forest Conservation Regulations Section 22A.00.01.06B and the application Upload Checklist and Submittal Requirements)</p> <p><input type="checkbox"/> Existing Conditions Plan (as described in the application Upload Checklist and Submittal Requirements)</p>
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3.	<p>Complete all information below if applying for FCP Exemption (If you are clearing more than 5,000 sf. of forest/tree canopy or you answer yes to e, f or g below, you may not qualify for an exemption, refer to Section 22A-5 of the Forest Conservation Law to determine if a Tree Save Plan or FCP will be required).</p> <p>a. Type of Exemption being applied for: _____ (Refer to the Forest Conservation Law, section 22A-5 for description of exemptions. Upload appropriate information to support the request including plan drawings, narrative of activities, tree clearing illustrations, etc.)</p> <p>b. Is the Declaration of Intent attached, if required? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p> If yes, choose type: <input type="checkbox"/> Agricultural <input type="checkbox"/> Real Estate Transfer <input type="checkbox"/> Residential Single Lot <input type="checkbox"/> Timber Harvest</p> <p>c. Total area of existing forest: _____ ac. or _____ s.f.</p> <p>d. Total area of forest/tree disturbance (measured by canopy area removed): _____ ac. or _____ s.f.</p> <p>e. Are any of the trees ≥ 30" in diameter at 4.5' above the ground, or otherwise a specimen of the species? <input type="checkbox"/> Yes (Upload an NRI/FSD Plan drawing showing the trees in relation to the proposed limits of disturbance.) <input type="checkbox"/> No</p> <p>f. Does the plan propose to clear any specimen or champion trees? <input type="checkbox"/> Yes (Upload Tree Save Plan showing the trees in relation to the proposed limits of disturbance.) <input type="checkbox"/> No</p>
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Information required if applying for FCP Exemption <i>(continued from above)</i>	
g. Is the clearing area within a stream buffer?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Area within 200 – 300 feet of a stream could be part of a buffer.)</i>
h. Is a SPA water quality plan required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>(Contact MCDPS for information regarding the SPA requirements at 240 777-6242)</i>	

Supplemental Information:

Previous Plan Submittals: *(enter information, if applicable)*

NRI/FSD Submission Name	_____	File Number 4	_____
Pre-Application Submission Name	_____	File Number 7	_____
Other Plan Name	_____	File Number	_____

Describe the nature of the amendment or why the plan is being recertified, if applicable. Attached

Applicant hereby notifies that he/she is the sole owner of the subject property, is otherwise legally authorized to represent the owner(s) (written verification provided), or is a contract purchaser authorized to submit this application by the property owner (written verification provided).

Signature of Applicant (Owner or Contract Purchaser)

Signature

Date

Print Name