



Development Applications and Regulatory Coordination
Montgomery County Department of Planning
Maryland-National Capital Park and Planning Commission

Effective: November 19, 2018

8787 Georgia Avenue
Silver Spring, Maryland 20910-3760

www.montgomeryplanning.org/environment

Phone 301.495.4550
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**Natural Resources Inventory / Forest Stand Delineation (NRI/FSD),
Forest Conservation Exemption and Forest Bank Review**

Application Type: _____

Date Application Submitted	_____	Plan No.	_____
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An application will not be accepted for review unless all required information below and appropriate fees are provided. If an item requires more space, attach a separate sheet.

Name of Plan: _____ Acres _____ Sq.Ft.
200 scale Base Map # _____ Tax Map # _____

Special Protection Area: _____

Property Tax Account Number(s) associated with the plan (8 digits)

A. _____ B. _____ C. _____ D. _____ E. _____
F. _____ G. _____ H. _____ I. _____ J. _____

Location:

On _____, _____ feet _____ of _____
Street Name (N,S,E,W etc.) Nearest Intersecting Street

Property address if known:

_____ *Number Street Name City*

Subdivision Information: *(Complete either A, if located within a recorded subdivision, or B)*

A. Lot _____ Block _____ Subdivision _____
B. Parcel _____ Liber _____ Folio _____; Parcel _____ Liber _____ Folio _____; Parcel _____ Liber _____ Folio _____

Watershed: _____

Tract Area _____ ac. Forested _____ ac. Wetlands _____ ac. Forested Wetlands _____ ac.
Forested Stream Buffer _____ ac. Stream Buffer _____ ac. length: _____ ft. width: _____ ft. 1 or both sides
(average) (check one)

ePlans Primary Contact Person *(Responsible for ePlans uploads and tasks.)*

_____ *Name*

_____ *Street Address*

_____ *City State Zip Code*

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

NOTE: This email will be used to create the ePlans account for the project.

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

Would you like to receive ePlans notifications? * Yes No

Name _____

Street Address _____

City _____ State _____ Zip Code _____

Telephone Number ext. _____ Fax Number _____ E-mail ***required if checked yes**

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

Would you like to receive ePlans notifications? * Yes No

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

Street Address _____

City _____ State _____ Zip Code _____

Telephone Number ext. _____ Fax Number _____ E-mail ***required if checked yes**

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: _____ <i>(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.)</i></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 <i>(Upload an NRI/FSD Plan drawing showing the trees in relation to the proposed limits of disturbance.)</i> <input type="checkbox"/> No</p> <p>f. Does the plan propose to clear any specimen or champion trees? <input type="checkbox"/> Yes <i>(Upload Tree Save Plan showing the trees in relation to the proposed limits of disturbance.)</i> <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