



Intake and Regulatory Coordination  
Montgomery County Planning Department  
Maryland-National Capital Park and Planning Commission

Effective: March 12, 2021

2425 Reedie Drive  
Wheaton, Maryland 20902

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 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 \_\_\_\_\_ 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 \_\_\_\_\_ Fax Number \_\_\_\_\_ E-mail **\*required if checked yes**

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

<b>1.</b>	<p><b>Type of Plan approval being applied for in addition to this NRI/FSD application</b></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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<b>2.</b>	<p><b>Type of NRI/FSD Plan Submittal</b> (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 (<b>Authorization Required</b>) (as described in the application Upload Checklist and Submittal Requirements)</p>
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<b>3.</b>	<p><b>Complete all information below if applying for FCP Exemption</b></p> <p>(If you are clearing more than 5,000 sf. of forest/treecanopy 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: _____</p> <p>(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. Total area of existing forest: _____ ac. or _____ s.f.</p> <p>c. Total area of forest/tree disturbance (measured by canopy area removed): _____ ac. or _____</p> <p>d. Are any of the trees ≥ 24" in diameter at 4.5' above the ground?</p> <p style="padding-left: 40px;">Yes (Upload an NRI/FSD Plan drawing showing the trees in relation to the proposed limits of disturbance.) <input type="checkbox"/> No</p> <p>e. Does the plan propose to impact any significant, specimen or champion trees ?</p> <p style="padding-left: 40px;"><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** *(continued from above)*

f. Is the clearing area within a stream buffer?    Yes    No *(Area within 200 – 300 feet of a stream could be part of a buffer.)*

g. Is a SPA water quality plan required?            Yes    No  
*(Contact MCDPS for information regarding the SPA requirements at 240 777-6242)*

h. Project Description Narrative: Please identify the nature of work to be performed; the exemption believed to be applicable, and specifically, how the application will meet each of the applicable exemption criteria. (1000 character max.)

**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