



Effective: January 29, 2021

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 Wheaton, Maryland 20902

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FOREST CONSERVATION PLAN APPLICATION

Preliminary FCP Final FCP Amendment

Date Application Filed:	
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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: _____

Size of property tract: _____ Acres _____ SF

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

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

A. Lot(s) _____ Block(s) _____ Subdivision _____ Plat(s) _____
 B. Parcel _____ Liber _____ Folio _____; Parcel _____ Liber _____ Folio _____; Parcel _____ Liber _____ Folio _____
 Parcel _____ Liber _____ Folio _____; Parcel _____ Liber _____ Folio _____; Parcel _____ Liber _____ Folio _____

Primary Contact *(Person who will be the primary contact and point person for future electronic review process.)*

Company Name *Contact Person*

Street Address

City *State* *Zip Code*

Telephone Number *Fax Number* *E-mail*

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

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

Company Name *Contact Person*

Street Address

City *State* *Zip Code*

Telephone Number *Fax Number* *E-mail* *required if checked yes

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

Would you like to receive ePlans notifications? * Yes No

<i>Company Name</i>	<i>Contact Person</i>	
<i>Street Address</i>		
<i>City</i>	<i>State</i>	<i>Zip Code</i>
<i>Telephone Number</i>	<i>Fax Number</i>	<i>E-mail</i> *required if checked yes

Supplemental Information:

Previous Plan Submittals: (enter information, if applicable)

Type	Case No(s).
Zoning Case	
Development Plan/Schematic DP	
Special Exception	
Variance	
NRI/FSD (if applicable)	
SWM Concept (if applicable)	
Pre-Application	
Sketch Plan	
Project Plan	
Preliminary Plan	
Site Plan	

If this is an amendment, is it in response to a forest conservation citation or notice of violation? Yes No
 Is a Tree Variance being submitted? Yes No

Applicant's Signature

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, Owner's Representative, or Contract Purchaser) *written verification needed if not the owner*

Signature _____
Date

Name (Type or Print)