



Effective: May 5, 2023

2425 Reedie Drive  
 Wheaton, Maryland 20902

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**FOREST CONSERVATION PLAN APPLICATION**

Preliminary FCP     Final FCP     Amendment

**Date Application Filed:** \_\_\_\_\_

*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

Company Name	Contact Person	
Street Address		
City	State	Zip Code
Telephone Number	Fax Number	E-mail <span style="color:red">*required if checked yes</span>

**Supplemental Information:**

Previous or Concurrent 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 or Administrative Subdivision 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

If this is an amendment, provide the number of the approved plan being amended: \_\_\_\_\_

**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)