

File # _____

**DORCHESTER COUNTY FOREST CONSERVATION PROGRAM
DECLARATION OF INTENT
SUBDIVISION WITH NO CHANGE OF LAND USE**

APPLICANT NAME: _____

ADDRESS: _____

PHONE: _____

PROPERTY OWNER: _____

ADDRESS: _____

PHONE: _____

PROPOSED ACTIVITY: _____

TAX MAP # _____ BLOCK # _____ PARCEL # _____ LOT # _____

WATERSHED: _____ SUBWATERSHED: _____

MD GRID COORDINATES: _____

AREA EXEMPTED: _____ EXISTING FOREST COVER _____

FOREST AREA CLEARED: _____ FOREST AREA RETAINED: _____

SKETCH MAP REQUIRED

THE EXISTENCE OF THIS DECLARATION OF INTENT DOES NOT PRECLUDE OTHER EXEMPT ACTIVITIES AS SPECIFIED IN SECTION 140-59 OF THE DORCHESTER COUNTY FOREST CONSERVATION ORDINANCE.

DECLARATION OF INTENT

I(WE), _____, The Owner(s) of the real property described above, hereby declare my(our) intention to invoke the subdivision with no change of land use exemption for the above described property, or a portion thereof, in accordance with the provisions of Section 140-59 F. of the Dorchester County Forest Conservation Ordinance and COMAR 08.19.01.04, for a period of at least five (5) consecutive full taxable years following this date.

This declaration grants an exemption for the subdivision of a lot on which a principal structure existed prior to the adoption of the Dorchester County Forest Conservation Ordinance. If the Owner(s) makes an application for an activity regulated under the Forest Conservation Program, clears more than 40,000 square feet of forest, or violates the requirements of a previous Forest Conservation Plan on all or part of the property described above within the five (5) year period, the Owner(s) may be required to meet the forest conservation threshold established in the Forest Conservation Ordinance and may be assessed a noncompliance fee for forested areas cleared in violation of this ordinance.

I(We) declare, under penalties of law, that this declaration, including any accompanying forms and statements, has been examined by me(us) and the information contained herein, to the best of my(our) knowledge, information, and belief, is true, correct, and complete.

Signature(s): _____ Date: _____
Owner(s)

Signature(s): _____ Date: _____
County Representative(s)