



**DIVISION OF PLANNING & PERMITTING
FREDERICK COUNTY, MARYLAND**

30 North Market Street • Frederick, Maryland 21701
Phone (301) 600-1138 • Fax (301) 600-1645- <http://www.frederickcountymd.gov>

FRO Exempted Activity Declaration of Intent
ACTIVE AGRICULTURAL ACTIVITES

Date _____ **Forest Exemption Request Application included**

Tax Map _____ Parcel _____ Acres _____

Subdivision /Site Name _____

Property Location (address) _____

Owner/Applicant _____
Address _____

Phone _____

Engineer/Surveyor _____
Address _____

Phone _____

I (we) _____ the Owner of the real property located
at _____

as described above, hereby declare my (our) intention to continue and or place into active, agricultural use the above property, in accordance with the provisions of Frederick County's Forest Resource Ordinance (FRO) and COMAR 08.19.01.04, for a period of at least five (5) consecutive, full, taxable years following the date of declaration.

This declaration grants an exemption for the clearing of 40,000 square feet or more of forest within a one (1) year period for active agricultural purposes, as defined in the FRO. (This does not include allowing the land to go dormant or fallow.) If the land does not remain in active agricultural use, the Owner must notify the Frederick County Development Review Office. If the Owner makes application for an activity regulated under the FRO, on all or part of the parcel, the Frederick County Development Review Office will require the Owner to meet the forest conservation threshold established in the FRO and COMAR 08.19.03, and may also assess a noncompliance fee for forested areas cut in violation of the agricultural exemption.

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

Notary's Statement

Subscribed and sworn to before me the day and year from above written

NOTARY PUBLIC _____

SEAL

NOTARY PUBLIC-printed name

NOTARY PUBLIC-signature

My Commission Expires: _____

Signature(s) _____ Date _____

Signature(s) _____ Date _____

Printed name(s)and email address(s) _____

*The department may require supporting evidence or data, such as type of agricultural use, the person (s) making the agricultural use, the history of the use of land, leasing or cropping arrangements in order to determine the legitimacy of the use of the land for agricultural activities as described in the FRO. A map showing the affected area must accompany all Agricultural Exemptions.