



**MAYOR AND CITY COUNCIL OF LAUREL  
DEPARTMENT OF COMMUNITY PLANNING & BUSINESS SERVICES**

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Date Filed: _____
Incode No.: _____
Planner: _____
Approval Date.: _____

## **FOREST STAND DELINEATION APPLICATION**

**\*\*APPLICATION MUST BE FILLED OUT IN ITS ENTIRETY. APPLICATION WILL NOT BE PROCESSED UNLESS ALL ITEMS IN THE CHECKLISTS ARE ADDRESSED. \*\***

REVIEW

EXEMPTION

**\*Please check one**

*The Maryland Conservation Act of 1991 requires that prior to the approval of any public or private subdivision, project plan, grading permit on a unit of land 40,000 square feet or greater, applicants shall submit a Forest Stand Delineation (FSD) and a Forest Construction Plan (FCP).*

### **1. PROJECT**

Project Name: \_\_\_\_\_

Location: \_\_\_\_\_

Total Acreage: \_\_\_\_\_ Wooded Acreage: \_\_\_\_\_

Tax Identification No.: \_\_\_\_\_

### **2. APPLICANT**

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Suite No.: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### **3. PROPERTY OWNER (IF DIFFERENT FROM APPLICANT)**

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Suite No.: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### **4. FORESTER/LANDSCAPE ARCHITECT**

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Suite No.: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**5. FOREST STAND DELINEATION COMPONENTS**

The following items **MUST** be submitted with the Forest Stand Delineation Application. Sec. 20-41.5 of the City of Laurel Unified Land Development Code contains a detailed listing of the pertinent informational items required for review. These are provided below. Three (3) copies of each component need to be submitted with the application.

<b>SITE VACINITY MAP</b>	
✓ location of project site and surrounding area within one square mile	✓ major roads
✓ political boundaries	✓ adjacent land uses
✓ forested areas	✓ north arrow
✓ minimum scale of 1" = 2000' (1:24,000)	

<b>ENVIROMENTAL FEATURES MAP</b>	
map must be certified by a Qualified Professional or stamped by a Maryland Licensed Landscape Architect or Forester	
✓ property boundaries	✓ north arrow
✓ title, date, revisions, scale, and legend	✓ topographic contours and interval
✓ steep slopes greater than 25%	✓ 100-year nontidal floodplain
✓ intermittent and perennial streams	✓ stream buffers (50-ft. width)
✓ forested areas and unforested area including tree lines extending offsite	✓ Critical Habitat Areas (Maryland Natural Heritage Program)
✓ proposed limits of disturbance	✓ areas proposed for long-term protection
✓ adjacent land uses	✓ size and location of adjacent forested areas
✓ nontidal or tidal wetlands and buffers	✓ forest type (dominant and codominant species)
✓ priority retention areas	✓ priority afforestation areas
✓ field sampling locations	✓ location, description, and size of forest stands
✓ soil classifications (SCS Soils Survey) indicating structural limitations, hydric properties, K value greater than 0.35 on slopes of 15% or greater	✓ location of trees or stands which are: rare, threatened, and endangered species; part or associated with a historic structure; designated as a champion tree for species by MD DNR or locally; specimens of 30" dbh or greater; and trees with at least 75% of the diameter of the State champion tree for species

<b>FOREST STAND ANALYSIS</b>	
✓ site description	✓ methodology
✓ forest stand summary sheet	✓ field sampling data sheets
✓ summary for each stand describing composition, structure, condition, and retention potential	

Within 30 calendar days after receipt by the Department of Community Planning & Business Services, the department will notify the applicant whether the FSD is complete and correct. Applicant should be aware that local covenants or other private land restrictions may apply.

**I DO SOLEMNLY DECLARE AND AFFIRM UNDER PENALTIES OF PERJURY THAT THE CONTENTS OF THIS APPLICATION ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.**

**APPLICANT**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Print Name \_\_\_\_\_

<b>Fees</b> (see fee schedule)	<b>Amount</b>	<b>Account</b>
Filing Fee		10-43105
<b>Total:</b>		