Howard County Forest Conservation Program

FEE-IN-LIEU REQUEST

File Number ___________________ Election District ________ Tax Map ________ Lot or Parcel ________

Name(s) _____________________________________________________________________

Location _____________________________________________________________________

_____________________________________________________________________

I (We), ______________________________________, proposing an activity on the above property requiring conformance to Section 16.1200 of the Howard County Code (Forest Conservation Forest) and such activity resulting in reforestation or afforestation obligations in accordance with Sections 16.1206 or 16.1207 of the Code hereby request such obligations be fulfilled by payment in lieu of such planting in accordance with the fees set by the County Council.

The total obligation for reforestation or afforestation, based on the attached plan and worksheets, is equal to ____________________ sq. ft.

Payment of a fee-in-lieu is requested because reforestation or afforestation requirements cannot reasonably be accomplished on-site under the options available in the Forest Conservation Manual due to the following conditions:

___________________________________________________________________________________

___________________________________________________________________________________

___________________________________________________________________________________

___________________________________________________________________________________

In addition, the reforestation or afforestation requirements cannot be fulfilled at an off-site location(s) because: [be sure to include a listing of off-site locations which were considered and why they are not viable]

___________________________________________________________________________________

___________________________________________________________________________________

___________________________________________________________________________________

___________________________________________________________________________________

It is my (our) understanding that, if granted, this request for fee-in-lieu payment will require payment of $________________ to the Howard County Forest Conservation Fund and that such payment shall be required prior to approval of the proposed activity(ies) creating this Forest Conservation Program obligation. It is also my (our) understanding that this payment only applies to the activities and obligations described in the attached plan and worksheets and that any additional or future activities not described as part of this request may be subject to additional Forest Conservation Program requirements.

I (We) declare 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 _____________________

______________________________________  _____________________