Planning & Zoning: Family Conveyance Affidavit

Calvert County, Maryland Department of Planning & Zoning
205 Main Street, 2nd Floor, Prince Frederick, MD 20678
Phone: (410) 535-2348, (410) 535-1600 ext. 2356 MD Relay: (800) 735-2258, Fax: (410) 535-3092
eMail: DevRev@calvertcountymd.gov

All file names should follow the format: Project Name, Version, Project Number and then a brief description of the file
(e.g., Lisas Kennel Plan 2 CSPR-123456 Fam Conv Affidavit)

Project Name:		Project Number:	
Date submitted:		Cross-referenced Projects?	

Use one Family Conveyance Affidavit per conveyance.

Note: All information must be completed if applicable. Incomplete applications, forms, checklists, plans or other documents will result in the entire submittal package being returned to the engineer. This includes the Fee Schedule(s) and appropriate fees.

FAMILY CONVEYANCE (check as many as apply)

- ☐ For access and rights-of-way
- ☐ For creation of lots
- ☐ Intra-family for forest conservation area requirements (Declaration of Intent required)
- ☐ Intra-family transfer for critical area requirements

PROPERTY IDENTIFICATION

I/We _____

The owner(s) of the property as listed in Liber _____ Folio _____

Do hereby assign the lot being created known as:

_____

(Subdivision/Property Name, Lot #)

to my/our _____ *(Relationship)*

_____ *(assignee's name)*

☐ FFD - 5-1.02.D.6.a.-e. ☐ RCD - 5-1.03.D.7.a.-e. ☐ RD - 5-1.04.D.4.a.-e. ☐ EC/I1 - 5.1.05.A.1.-6.

and Article 7-1.06.J.1-12. of the Calvert County Zoning Ordinance. Subsequent to meeting the Requirements of Section 7-1.06.J.1., transfer of a Family Coveyance Lot by the Grantee to any person(s) or entity other than another eligible family member within the required seven (7) years ownership period may be permitted, per Section 7-1.06.J.5.

SIGNATURE(S)

Signature:		Date Signed:	
(print/type) First Name:		Last Name:	
Signature:		Date Signed:	
(print/type) First Name:		Last Name:	
Signature:		Date Signed:	
(print/type) First Name:		Last Name:	
Signature:		Date Signed:	
(print/type) First Name:		Last Name:	

State of: _____

County of: _____

Signed and sworn to (or affirmed) before me this _____ day of _____, 20 _____

(stamp/seal)

_____
(Signature of Notary Public)

Notary Public, State of _____

My Commission Expires: _____