



Planning & Zoning: Declaration of Intent - J, Intra-Family Transfer

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: PZ@calvertcountymd.gov

Project Name: _____ Project Number: _____

OWNER(S)

Owner(s) Name(s): _____
Mailing Address: _____ Phone: _____
City: _____ State: _____ Zip: _____
eMail: _____

PROPERTY INFORMATION

Tax Map: _____ Grid: _____ Parcel: _____ Lot Number: _____
Tax ID: _____ Election District: _____ 1 _____ 2 _____ 3 _____

I (We), _____, the owner(s) of the real property located at _____ and described as _____

hereby declare my (our) intention to invoke the intra-family transfer exemption for the above property, in accordance with the provisions of the Calvert County Forest Conservation Program 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 exception for constructing a dwelling intended for the use of the owner(s), or a child of the owner(s) based on the Calvert County Forest Conservation Program. If the land does not remain in possession of the owner(s), or child of the owner(s), the owner(s) must notify the Calvert County Department of Planning & Zoning and may lose the exemption. If the owner(s) makes application for an activity regulated under the Forest Conservation Program, clear more than 20,000 square feet of forest, or violate the requirements of a previous Forest Conservation Plan on all or part of the lot within the five (5) year period, Calvert County may require the owner(s) to meet the forest conservation threshold established in the Calvert County Forest Conservation Program, and shall also assess a noncompliance fee for forested areas cleared in violation of the this exemption.

Please identify each individual as a Grantor or Grantee. If additional signature lines are necessary, please attach the Supplemental Signature Form (PZ-SIG)

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.

Grantor	Grantee	(please print) Full Name:	_____
Signature:			Date Signed: _____
Grantor	Grantee	(please print) Full Name:	_____
Signature:			Date Signed: _____
Grantor	Grantee	(please print) Full Name:	_____
Signature:			Date Signed: _____
Grantor	Grantee	(please print) Full Name:	_____
Signature:			Date Signed: _____

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: _____