

COUNTY COMMISSIONERS OF CARROLL COUNTY  
**FOREST HARVEST GRADING PERMIT APPLICATION**  
ENVIRONMENTAL INSPECTION SERVICES DIVISION  
225 NORTH CENTER STREET, WESTMINSTER, MARYLAND 21157 (410) 386-2712

**FOR OFFICE USE ONLY:** Permit No.: **FH-**      -  
City/Town Approval: \_\_\_\_\_  
Date: \_\_\_\_\_

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

Project Address: \_\_\_\_\_

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

Election District: \_\_\_\_\_ Tax Map: \_\_\_\_\_ Block: \_\_\_\_\_ Parcel: \_\_\_\_\_

8-digit Property Tax ID No.: \_\_\_\_\_ - \_\_\_\_\_

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Owner's Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Office: \_\_\_\_\_ Mobile: \_\_\_\_\_

Address: \_\_\_\_\_

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

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

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Contractor's Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Office: \_\_\_\_\_ Mobile: \_\_\_\_\_ FPOL License #: \_\_\_\_\_

Address: \_\_\_\_\_

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

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

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Maryland Licensed Forester Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Maryland Licensed Forester #: \_\_\_\_\_

Description of Work: \_\_\_\_\_

Total Acres of Lot: \_\_\_\_\_ Total Square Feet of Harvest Area: \_\_\_\_\_

**Is this property subject to an existing Forest Conservation Easement?**      YES      NO

**If so, total of acres harvested within the Forest Conservation Easement.** \_\_\_\_\_ **Acres**

**Will harvesting be conducted in a Streamside Management Zone (SMZ)?**      YES      NO

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_