



**DEPARTMENT OF  
PLANNING & ZONING**

110 Vincit St., Suite 104 | Centreville, MD 21617  
Permits: (410) 758-4088  
Email: [PermitApplications@qac.org](mailto:PermitApplications@qac.org)

Permit No.: \_\_\_\_\_

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

Issued Date: \_\_\_\_\_

**Logging Permit Application**

Fee: \$95 made payable to QAC County Commissioners

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

Tax Account Number: \_\_\_\_\_ Subdivision: \_\_\_\_\_

Tax Map #: \_\_\_\_\_ Block(s): \_\_\_\_\_ Parcel(s): \_\_\_\_\_ Lots(s): \_\_\_\_\_

Critical Area?  Yes  No Critical Area Designation: \_\_\_\_\_ Conditional Use?  Yes  No

Property Acreage: \_\_\_\_\_ Acres To Be Logged: \_\_\_\_\_

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

Property Owner's Mailing Address: \_\_\_\_\_

Cell #: \_\_\_\_\_ Home #: \_\_\_\_\_ Email: \_\_\_\_\_

Contractor's Name: \_\_\_\_\_ License Number: \_\_\_\_\_

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

Company's Mailing Address: \_\_\_\_\_

Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_ Email: \_\_\_\_\_

**I certify that the following conditions have been or will be met:**

1. Statement of Exemption to the Forest Conservation Act of 1991 must be attached and signed by the owner.
2. Standard Erosion and Sediment Control Plan for Forest Harvest Operations must be attached and signed.
3. If wetlands are present, nontidal wetlands Best Management Practice Agreement for Forest Harvest Operations must be attached and signed.
4. If project needs conditional use from Board of Appeals, a Timber Harvest Plan or Forest Management Plan prepared and sealed by a registered forester must be attached.
5. If the project is in Critical Area, timber must be marked by a registered forester.
6. If the project is in Critical Area, the Queen Anne's County Forest Board must approve the Timber Harvest Plan or Forest Management Plan.
7. The proposed logging will not impair existing drainage ditches or public roads.
8. If the project is subject to a long term protective agreement and/or open space covenants – 18:2-19 must be addressed.

**Signature:** \_\_\_\_\_  
Property Owner or Authorized Agent

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

Zoning Inspector Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Public Works Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Environmental Health Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Zoning Administrator: \_\_\_\_\_ Date: \_\_\_\_\_