



**NRI/FSD (Natural Resources Inventory / Forest Stand Delineation) and
 Forest Conservation Exemption Review**

New Application Revised Application Amendment Recertification of Expired NRI/FSD

NRI/FSD Plan Number	<u>4-2011/03E</u>
Date Application Received	<u>12/22/2010</u>
Date Application Complete	_____
Application Completed by	_____
Pending Plan No., if applicable	_____
Fee (attach worksheet)	<u>✓ \$180.00</u>
Fee Received by	<u>AB</u>

An application will not be accepted for review unless all required information below and appropriate fees are provided. If an item requires more space, attach a separate sheet.

Name of Plan: 9800 Medical Center Drive

Size of Tract 18.14 Acres 790073 Sq.Ft.

200 scale Base Map # 219NW09 Tax Map # FR53 Special Protection Area Piney Branch

Property Tax Account Number(s) associated with the plan (8 digits)
 A. 03095087 B. _____ C. _____ D. _____ E. _____
 F. _____ G. _____ H. _____ I. _____ J. _____

Location:
 On Medical Center Drive, 0 feet S of Medical Center way
Street Name (N,S,E,W etc.) Nearest Intersecting Street

Property address if known:
9800 Medical Center Drive Rockville
Number Street Name City

Subdivision Information: (Complete either A, if located within a recorded subdivision, or B)
 A. Lot _____ Block _____ Subdivision _____
 B. Parcel W O/R Liber 19096 Folio 68; Parcel _____ Liber _____ Folio _____; Parcel _____ Liber _____ Folio _____

Watershed: Muddy Branch and Watts Branch
 Tract Area 18.14 ac. Forested 0 ac. Wetlands 0.03 ac. Forested Wetlands 0 ac.
 Forested Stream Buffer 0 ac. Stream Buffer 0 ac. length: _____ ft. width: _____ ft. 1 or both sides (average)

Applicant (Owner, Owner's Representative, or Contract Purchaser – check applicable: written verification required if not the owner)

ARE-Maryland No. 24, LLC. contact person: Larry Diamond
Name
946 Clopper Road
Street Address
Gaithersburg MD 20878
City State Zip Code
(301) 947-1770 (301) 947-0905 ldiamond@labspace.com
Telephone Number ext. Fax Number E-mail

Contact Person (If other than applicant)

Loiederman Soltesz Associates, Inc. Contact Person: Stephen Tawes
 Name
 2 Research Place, Suite 100
 Street Address
 Rockville MD 20850
 City State Zip Code
 (301) 948-2750 121 (301) 948-9067 stawes@lsassociates.net
 Telephone Number ext. Fax Number E-mail

Plan Preparer (Qualifications of preparer must be included if individual has not been previously certified.)

Loiederman Soltesz Associates Inc. Contact: Marion Bundens, DNR Qualified Professional
 Name L.A. or Forester Certification No.
 2 Research Place, Suite 100
 Street Address
 Rockville MD 20850
 City State Zip Code
 (301) 948-2750 150 (301) 948-9067 mbundens@verizon.net
 Telephone Number ext. Fax Number E-mail

Complete sections 1 and 2: (and section 3 if applying for an FCP Exemption)

1. Type of Plan approval being applied for in addition to this NRI/FSD application

<input type="checkbox"/> Pre-Application Submission	<input type="checkbox"/> Development Plan	<input type="checkbox"/> Park Development Plan
<input type="checkbox"/> Minor Subdivision	<input type="checkbox"/> Mandatory Referral	
<input checked="" type="checkbox"/> Preliminary Plan	<input type="checkbox"/> Sediment Control or Small Land Disturbance (if known, MCDPS permit # _____)	
<input type="checkbox"/> Site Plan	<input type="checkbox"/> Special Exception	
<input type="checkbox"/> Project Plan		

2. Type of NRI/FSD Plan Submittal (See Forest Conservation Regulation for NRI/FSD requirements):

Full NRI/FSD (as described in the Forest Conservation Regulations, Section 106)

Simplified NRI/FSD (property boundaries, topography, streams and buffers if proposed l.o.d. is within 200' of a stream, existing forest boundaries, specimen trees, existing improvements)

Existing Conditions Plan (topography, existing & proposed improvements, existing & proposed lot lines.)

3. Complete all information below if applying for FCP Exemption (If you are clearing more than 5,000 sf. of forest/tree canopy or you answer yes to e, f or g below, you may not qualify for an exemption, refer to the Chapter 22A-5 of the Forest Conservation Law to determine if a Tree Save Plan or FCP will be required).

a. Type of Exemption being applied for: Subsection (k)(2-3)(B)
 (Refer to the Forest Conservation Law, section 22A-5 for description of exemptions. Attach appropriate information to support the request including plan drawings, narrative of activities, tree clearing illustrations, etc.)

b. Is the Declaration of Intent attached, if required? Yes No
 If yes, type: Agricultural Real Estate Transfer Residential Single Lot

c. Total area of existing forest: 0 ac. or 0 s.f.

d. Total area of forest/tree disturbance (measured by canopy area removed): 0.02 ac. or _____ s.f.

e. Are any of the trees ≥ 30" in diameter at 4.5' above the ground, or otherwise a specimen of the species?
 Yes (if yes, attach site plan drawing/sketch showing the trees in relation to the proposed limits of disturbance.) No

f. Is the clearing area within a stream buffer? Yes No (Area within 200 – 300 feet of a stream could be part of a buffer.)

g. Is a SPA water quality plan required? Yes No
 (Contact MCDPS for information regarding the SPA requirements at 240 777-6242)

Supplemental Information:Previous Plan Submittals: *(enter information, if applicable)*

NRI/FSD Submission Name _____

File Number 4 _____

Pre-Application Submission Name _____

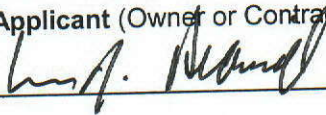
File Number 7 _____

Other Plan Name Shady Grove Life Science CenterFile Number 119882330Describe the nature of the amendment or why the plan is being recertified, if applicable. Attached

Applicant hereby notifies that he/she is the sole owner of the subject property, is otherwise legally authorized to represent the owner(s) (written verification provided), or is a contract purchaser authorized to submit this application by the property owner (written verification provided).

Signature of Applicant (Owner or Contract Purchaser)

Signature



Date



Larry Diamond

Print Name

Checklist

The checklist below shall be used to identify the necessary information for the review and approval of NRI/FSDs and requests to be exempt from submitting a forest conservation plan. This checklist must be completed and submitted as part of the application.

- Applicants submitting for a full NRI/FSD must complete sections 1, 2, and 3.
- Applicants submitting for a simplified NRI/FSD must complete sections 1, and 2.
- Applicants submitting a request to be exempt from submitting a forest conservation plan must complete section 1, 2, and 4.
- Applicants permitted to submit an existing conditions plan must complete section 1 and 2.1 to 2.11.

In certain instances, it may be necessary to submit additional information, or additional information may be requested to determine the exact location of natural features such as wetlands. See the submission requirements document for more information on each item in the checklist below.

Section 3. To be completed for all full NRI/FSDs

- 3.1. Delineation of multiple forest stands.....
- 3.2. Priority ranking for each forest stand.....
- 3.3. Designation of each forest stand.....
- 3.4. Stand Description.....
 - a. Acreage.....
 - b. Dominant and co-dominant species.....
 - c. Size class of species.....
 - d. Percent canopy closure.....
 - e. Number of canopy layers.....
 - f. Percent floor covered by: (i) herbaceous plants, (ii) downed woody material, (iii) alien or invasive species.....
 - g. Condition classes, structure, function, retention potential, transplant and regenerative potential.....
 - h. Evidence of past management practices.....
- 3.1. Forest sampling/reference points located on drawing.....

Section 4. To be completed for all exemption requests

- 4.1. Narrative statement.....
- 4.2. Exemption requested.....
- 4.3. Amount of forest to be removed.....
- 4.4. Amount of forest to be removed in stream buffers.....
- 4.5. SPA water quality plan requirements.....
- 4.6. Declaration of Intent.....

No. Copies	Qualified Professional	M-NCPPC Staff
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The plan preparer hereby certifies that all required information for the submission of forest conservation plan has been included in this application, and that to the best of his/her knowledge, information, and reasonable belief, the information and data are accurate.

Signature of Plan Preparer

Marion E. Bundens
Signature

12/20/2010
Date

Marion E. Bundens
Name (Type or Print)