

**CRITICAL AREA
SIMPLIFIED BUFFER MANAGEMENT PLAN**

Property Information

Date:
Property Owner:
Phone:
Email:
Mailing Address:
Property Address:
Tax ID:
Tax Map #: Parcel: Lot: Section: Block:

Proposed Buffer Activity

Hazardous Tree Removal _____
Removal of Invasive or Noxious Vegetation _____
Access to Water _____
Shore Erosion Control _____
Filling Existing Lawn _____

Narrative Describing Proposed Activity and Method Used

Describe Existing Buffer Conditions with Photo Documentation

Attach photographs of vegetation/trees to be removed.

Planting Plan

Attach a schematic drawing to scale identifying areas of impact to the Buffer. Indicate on plan proposed mitigation, plant species & location. Include tentative planting date.

Canopy Trees ___ Understory Trees ___ Large Shrubs ___ Small Shrub ___

Describe Long Term Management (such as watering new plants, invasive species control, etc.)

Authorization

I certify that I have the authority to make this application and the information given is correct. I grant permission to Calvert County Planning & Zoning Department officials to enter my property for inspections of this Buffer Management Plan.

Owner or Responsible Party Signature/Date