

**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