

# SIMPLIFIED BUFFER MANAGEMENT PLAN

Complete all sections below.

**NOTE: PROPERTY OWNER MUST SIGN IN SECTION 8 OR THE PLAN WILL BE RETURNED WITHOUT APPROVAL**

## 1. Applicant Information

Name: <i>Martha Washington</i>		
Address: <i>123 Creekside La.</i>		
City: <i>Rivertowne</i>	State: <i>MD</i>	Zip: <i>45678</i>
Telephone: <i>(410) 555-7890</i>	E-mail address: <i>mwash@tmail.com</i>	

## 2. Property address if different than above

Address: <i>Same as above</i>		
City:	State:	Zip:
Tax Map: <i>12</i> Parcel: <i>23</i> Lot: <i>34</i>		

## 3. Proposed activity must be one of the following: (check all that apply)

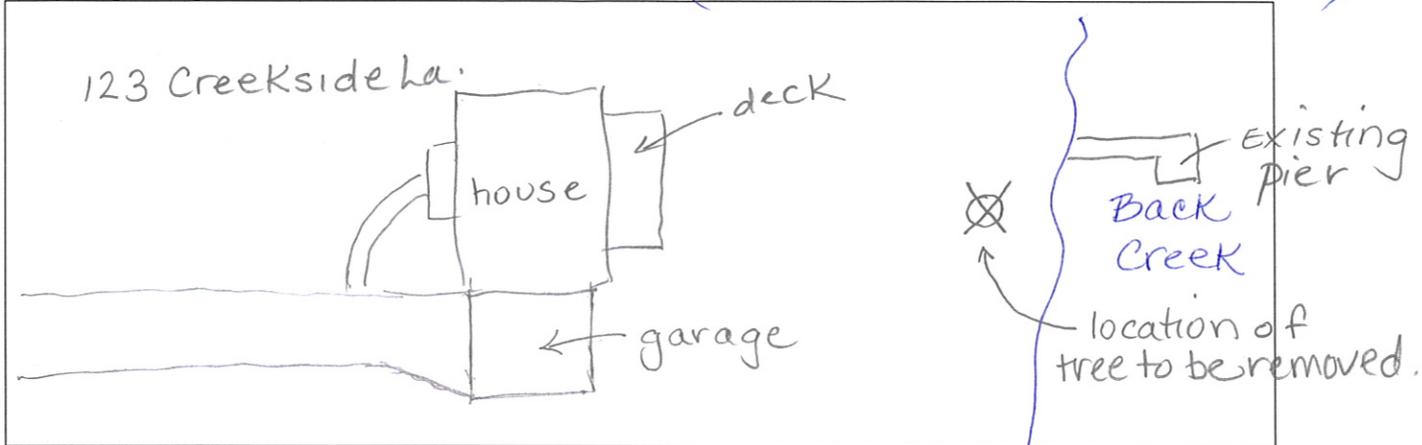
Access to pier or shoreline <input type="checkbox"/>	Removing invasive vegetation* <input type="checkbox"/>	Filling to maintain existing lawn <input type="checkbox"/>	Removal of tree in danger of falling <input checked="" type="checkbox"/>
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## 4. Describe proposed work within the Buffer:

*I would like to cut down one (1) existing tree within Buffer. It is a locust which was damaged during winter ice storm and is now leaning towards pier & water. I will have stump ground in place and would like to make a planting bed in that location.  
(Please see photos attached.)*

PLEASE COMPLETE REVERSE SIDE

5. To minimize review time, attach photos or provide sketch of property, highlighting area of work: *(Photos also attached.)\**



6. Site restoration or replanting (must include mulch or ground cover for any areas disturbed; new lawn areas prohibited):

Area around existing tree will be covered in mulch and planted as flower bed. Replacement tree - a 1 1/2" caliper willow oak - will be planted in bed as well.

\*Note: For invasive vegetation removal, natural regeneration may be utilized. Area must be stabilized. If regeneration of native species does not occur within 2 years of invasive removal, the area should be replanted.

7. Estimated dates for proposed work and mitigation:

Work will be completed by: May 1, 2011

Restoration will be completed by: NOV. 1, 2011 (Flower bed established immediately, tree planted in fall)

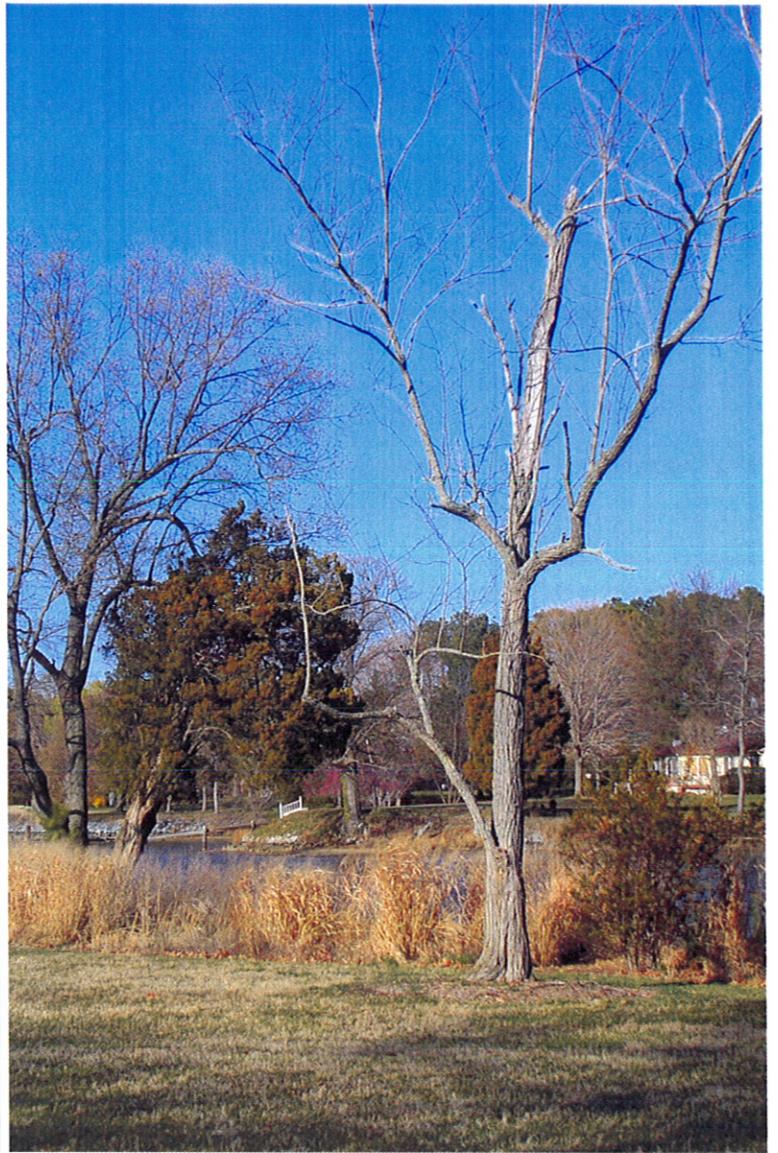
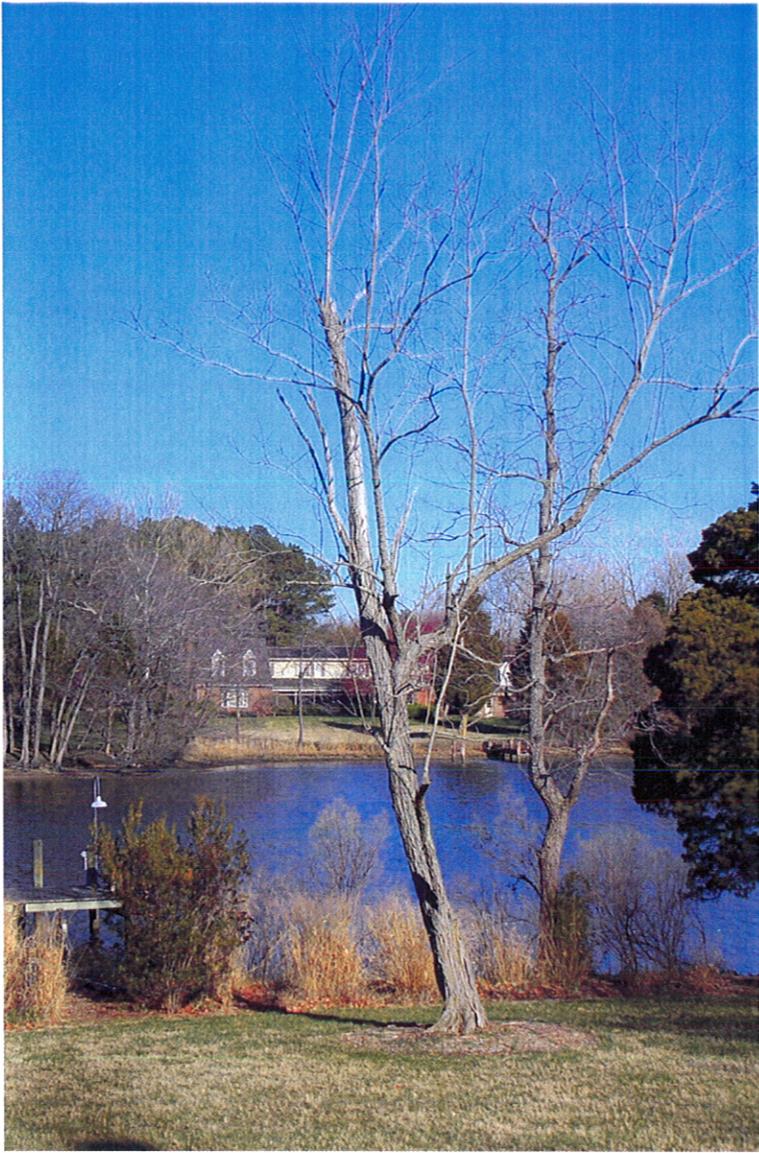
**8. Certification:**

I certify that the information on this form is true and accurate to the best of my knowledge and belief. I understand that County personnel may contact me and arrange to inspect the work. I will abide by this plan if approved and will not conduct any work beyond the limits of this plan.

\*\*PROPERTY OWNER SIGNATURE: Martha Washington  
DATE: April 1, 2011

**NOTE:**

**\*\*PLAN IS CONSIDERED INVALID WITHOUT A PROPERTY OWNER SIGNATURE**



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Name:	
Address:	
City:	State:                      Zip:
Telephone: (     )	E-mail address:

## 2. Property address if different than above

Address:	
City:	State:                      Zip:
Tax Map:              Parcel:              Lot:	

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Access to pier or shoreline <input type="checkbox"/>	Removing invasive vegetation* <input type="checkbox"/>	Filling to maintain existing lawn <input type="checkbox"/>	Removal of tree in danger of falling <input type="checkbox"/>
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## 4. Describe proposed work within the Buffer:

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**\*\*PROPERTY OWNER SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

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