

SIMPLIFIED BUFFER MANAGEMENT PLAN (SBMP)

COMPLETE ALL SECTIONS BELOW

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

1. Applicant Information

Name:		
Address:		
City:	State:	Zip:
Telephone: ()	Email:	

2. Property address if different than above:

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

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

Access to pier or shoreline	Removing invasive vegetation	Filling to maintain existing lawn	Removal of tree in danger of falling
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4. Describe proposed work within the Buffer: (No large equipment permitted in the Buffer. All work shall be performed manually.)

PLEASE COMPLETE REVERSE SIDE

5. Attach photos and provide sketch of property, highlighting area of work.

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

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: _____

Restoration will be completed by: _____

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 work beyond the limits of this plan.

****PROPERTY OWNER SIGNATURE:** _____

DATE: _____

NOTE:

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