



# Planning & Zoning: Simplified Buffer Management Plan

Calvert County, Maryland Department of Planning & Zoning  
205 Main Street, 2nd Floor, Prince Frederick, MD 20678  
Phone: (410) 535-2348, (410) 535-1600 ext. 2356  
MD Relay: (800) 735-2258, Fax: (410) 535-3092  
Email: DevRev@calvertcountymd.gov

All file names should use the format: Project Name, Version, Project Number, Brief Description  
(*Lisas Kennel Plan 2 CSPR-123456 Simplified Buffer Mgmt Plan*)

To use this form, simply fill out the BLUE boxes.

Project Name:		Project Number:	
Date submitted:		Related Projects:	

## APPLICANT INFORMATION

Name:					
eMail:					
Mailing Address:					
City:		State:		Zip:	
Home Phone:		Work Phone:		Other Phone:	

## PROPERTY ADDRESS

Property Address (if different from above):					
Tax Map:		Grid:		Parcel:	
				Lot Number:	

## PROPOSED ACTIVITY MUST BE ONE OF THE FOLLOWING (check all that apply)

<input type="checkbox"/>	Access to pier or shoreline	<input type="checkbox"/>	Filling to maintain existing lawn
<input type="checkbox"/>	Removing invasive vegetation*	<input type="checkbox"/>	Removal of tree in danger of falling

\* 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.

## DESCRIBE PROPOSED WORK WITHIN THE BUFFER:

## TO MINIMIZE REVIEW TIME, ATTACH PHOTOS OR PROVIDE SKETCH OF PROPERTY, HIGHLIGHTING AREA OF WORK.

Project Name:		Project Number:	
Date submitted:		Related Projects:	
<b>SITE RESTORATION OR REPLANTING</b> (must include mulch or ground cover for any areas disturbed; <b>new</b> lawn areas prohibited):			
<b>ESTIMATED DATES FOR PROPOSED WORK AND MITIGATION:</b>			
Work will be completed by:			
Restoration will be completed by:			
<b>PROPERTY OWNER CERTIFICATION</b>			
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.			
Applicant's Name:		Applicant's eMail:	
Signature:		Date Signed:	

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