



**DEPARTMENT OF
PLANNING & ZONING**

110 Vincit St., Suite 104 | Centreville, MD 21617

Permits: (410) 758-4088

Email: PermitApplications@qac.org

Simplified Buffer Management Plan

This form must be completed by the property owner for any disturbance of natural vegetation or construction within the Critical Area Buffer. It is also required for activities related to Buffer establishment, Buffer mitigation, and disturbances associated with manually removing invasive or noxious vegetation, filling lawns, or removing trees that are dead, diseased, dying, or may pose a threat to structures. All plants used must be native to Maryland.

Once completed and approved, this form will serve as your official Buffer Management Plan and provide our office with a record of your proposed Buffer impact and the mitigation measures you plan to implement. For assistance in completing this form, please contact the Permit Department at (410) 758-4088.

Date: _____

A. Property Owner Information

Property Owner's Name: _____

Property Owner's Mailing Address: _____

Cell #: _____ Work #: _____ Email: _____

B. Property Information

Property Address: _____

Contact Person: _____ Cell #: _____ Tax Account#: _____

Tax Map #: _____ Block(s): _____ Parcel(s): _____ Lot(s): _____

Critical Area? IDA LDA RCA N/A

C. Proposed Development Activity/Disturbance(s)

Please check the purpose(s) for your proposed disturbance(s) to the Buffer:

- Horticultural (pruning, control of invasive vegetation, removal of dead or dying trees)
- Removal of trees that are likely to damage structures or accelerate shoreline erosion

D. Mitigation Ratios

Different types of Buffer management activities require different mitigation ratios. The purpose of mitigation is to improve the Buffer wherever possible. The table below provides the mitigation ratios for various types of Buffer management activities. *Please note: mitigation ratios are cumulative.*

Activity	Number of Plants
Horticultural (for every 100 sqft of disturbance)	One Canopy Tree & Three Small Shrubs
Violations	3:1
Tree Removal (only trees within the 100 ft Buffer)	3:1 – 1" Caliper Trees (Minimum 6 ft Tall)
Tree Removal (dead or diseased)	1:1

***No Bare Root Stock Permitted**

(Large Shrub = 1 Gallon & 4' Tall | Small Shrub = 1 Gallon & 18" Tall | Canopy Tree = 1" Caliper & 6' Tall)

E. Justification

Please provide a brief explanation of your proposed project in the space below.

Examples:

1. 600 square feet partially cleared for shore access; canopy will be maintained, and disturbance will be limited to three saplings and several shrubs. The path will consist of wood chips.
2. Removal of a 3,000-square-foot area of poison ivy along the shore access pathway. Method of removal includes digging and targeted application of an approved herbicide to individual plants. Any resulting bare area will be mulched to prevent soil erosion. No trees or shrubs will be removed.
3. 700 square feet of Buffer disturbance on a BEA lot for an attached addition to a single-family dwelling. No removal of trees or shrubs.

Note: The applicant must show the 100-foot Buffer on the plat.

F. Calculation of Mitigation for Disturbance or Development in the Buffer

Total Buffer Area Cleared or Disturbed: _____ sqft

And/Or

Number of Trees Removed: _____

Mitigation Ratio (refer to table above): _____

G. Schematic Drawing

Please attach a scaled schematic drawing identifying all areas of impact within the Buffer, including specific trees or shrubs to be removed, if possible, and the proposed locations for replanting within the Buffer. The drawing must show the location of the Critical Area Buffer. Indicate the specific types of vegetation to be removed, as well as the types and quantities of vegetation that will be used for mitigation. Pictures or photos of existing conditions are acceptable.

H. Certifications

I certify these statements to be true and accurate and that any trees to be removed are on my property. I hereby grant County/Local Jurisdiction Officials permission to enter my property for inspections of this Buffer Management Plan

Applicant Signature: _____ **Date:** _____

I will notify the County/Local Jurisdiction Officials immediately following the Buffer planting to verify compliance with this Buffer Management Plan. Buffer plantings must take place within _____ days of the approval of this plan.

Applicant Signature: _____ **Date:** _____

