



Town of Easton

14 South Harrison Street
 Easton, Maryland 21601
 410-822-1943 / Fax 410-822-3542
 Inspections 410-822-1943 / Fax 410-822-3542

(For official use only)

Permit No. _____
 Fee _____
 App. Date _____

(Planning and Zoning official)

P&Z appr. Date _____

CRITICAL AREA BUFFER DEVELOPMENT REQUEST

Please complete both sides

Please Print

Location Of Property	Number and Street	Zone	Lot	Estimated Cost of Project: \$ _____
	Subdivision	Map	Parcel	

	Name	Address (number, Street, City, State)	Zip Code	Tel. No.
Property Owner				
				Fax No.
General Contractor				
		Lic.No & Exp. Date		Fax No.

A Final Inspection is required of all work. Site may be re-inspected up to two (2) years after work is completed to assure plantings are stabilized. Please call 410-822-1943 (Mon. – Fri., 8a.m. – 4p.m.) for inspections.

Please mark all that apply:

- This application is for the removal of individual trees.
- This application is for the construction of a pier.
- This application is to provide a three-foot access path to the water/pier.
- This application is to install a shore erosion protection device.
- This application is to construct a water dependent facility.
- This application is to prune trees within the buffer.
- This application is for the eradication/elimination of phragmites.

_____ Number of trees to be removed. (mark with flags or paint)
 _____ Number of trees to be pruned. (mark with flags or paint)
 _____ Number of trees to be planted or _____ Square feet reforested.
 _____ Number of other plants to be planted

STANDARDS:

1. Access to the water/pier must be non-structural (max width of cleared path, three feet at a 2-to-1 replanting ratio).
2. Trees and vegetation removed must be replaced with native plants on an equal basis.
3. All other required Town, County, State and Federal permits shall be obtained prior to approval of this Plan.
4. Topping of trees is not permitted, only pruning using proper horticultural practices.
5. Violations are subject to fines and a 3-to-1 replanting ratio.

Requirements:

1. **Plan:** Attach a site plan (drawing) to scale showing access path, structures, utilities, 100-foot Critical Area Buffer, other buffers, tidal and non-tidal wetlands, steep slopes, shoreline, wood-line, limits of disturbance, replanting location and any other special features or sensitive areas.
2. **Narrative:** Describe the existing conditions and proposed work to be accomplished, amount of disturbance, indicate mitigation measures, replanting or enhancement work, number and species of plants to be installed, when the work will be done. If the work is phased indicate scheduling.

Are there any special plat notes, restrictions or easements concerning your property? Yes ___ No ___

If yes Please describe:

I certify these statements to be true and accurate and that any trees to be removed are on my property. I hereby grant the Town of Easton officials permission to enter my property for inspections of this Buffer Management Plan.

Landowner Signature _____ **Date** _____

Print Name _____

Submit this information sheet, plan, narrative, photographic documentation and a vicinity map to:

Mail to: Current Planner (or person reviewing project), Department of Planning, PO Box 520, Easton, MD 21601

Drop off Location: Town Office Building, Department of Planning, 14 S. Harrison St., Easton, MD

For additional information please call (410)-822-1943

For Office use only

Preliminary Inspection	Date	Special notes
Final Inspection	Date	Special notes
Follow up Inspection	Date	Special notes