

OXFORD SIMPLIFIED BUFFER MANAGEMENT PLAN

COMPLETE ALL SECTIONS BELOW

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

APPLICANT INFORMATION

NAME: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP _____
TELEPHONE: _____ PREFERRED: EMAIL OR PHONE ? _____
EMAIL: _____

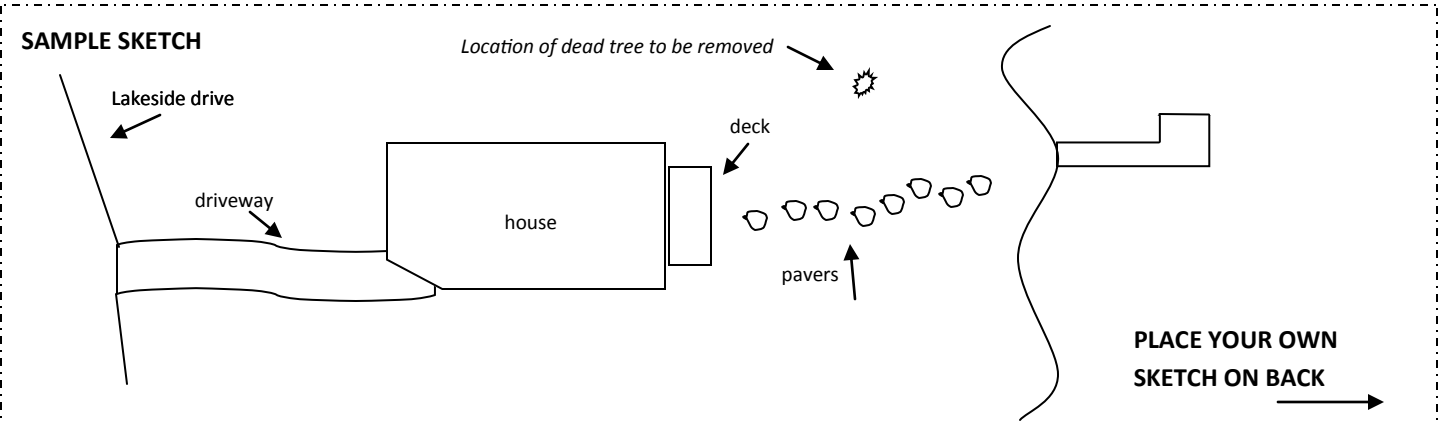
PROPERTY INFORMATION IF DIFFERENT THEN ABOVE

OWNER: _____
ADDRESS: _____
TAX MAP: _____ PARCEL: _____ LOT: _____

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 DEAD OR DISEASED TREE OR ENDANGER OF FALLING <input type="checkbox"/>
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DESCRIBE PROPOSED WORK WITHIN THE BUFFER: _____



PLEASE PROVIDE A SKETCHED SITE PLAN OF YOUR PROPERTY, INCLUDING LOCATION OF CURRENT PLANTINGS, IDENTIFYING THE TREE/PLANT OR TREES/PLANTS TO BE REMOVED. ATTACH ANY PHOTOS TO THIS APPLICATION.

DESCRIBE SITE RESTORATION OR REPLANTING (MUST INCLUDE MULCH OR GROUND COVER FOR ANY AREAS DISTURBED; NEW LAWN AREAS ARE 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.

ESTIMATED DATE FOR PROPOSED WORK AND MITIGATION:

WORK WILL START ON: _____

WORK WILL BE COMPLETED BY: _____

RESTORATION WILL BE COMPLETED BY: _____ ANY EXPLANATION: _____

CERTIFICATION:

I certify that the information on this form is true and accurate to the best of my knowledge and belief. I understand that Town 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: _____

DATE: _____

PLAN IS CONSIDERED INVALID WITHOUT A PROPERTY OWNER SIGNATURE ABOVE

OFFICE USE ONLY:

DATE SUBMITTED/INITIALS

DATE APPROVED/INITIALS

DATE COMPLETED/INITIALS

TWO YEAR INSPECTION/INITIALS

_____/____

_____/____

_____/____

_____/____