## - BULKHEAD REPLACEMENT - SHORE EROSION BUFFER MANAGEMENT PLAN

This form is to be used to address the requirement for a Buffer Management Plan for bulkhead replacement projects which involve minimal clearing, grading, disturbance or stockpiling on land.

1. Applicant Information:			
Name:			
Address:			
City:	State:	Zip:	
Telephone: ( )	E-mail addres	E-mail address:	
2. Work site address if different that	n above:		
Address:			
City:	State:	Zip:	
<ul> <li>b. How far channelward will the new to c. What is the construction and anchood.</li> <li>d. Access to bulkhead via (circle one) e. Describe vegetation to be disturbed.</li> <li>4. List mitigation provided for remgovernment. Please provide a sket being removed (X), and where new</li> </ul>	oring method?  Land Wated and approximate are oval of trees and ship ch on back of this for	er ea (sq. feet), excluding turf grass:  rubs, as indicated by local orm, showing trees and shrubs	
5. Certification: I will abide by this plan if approved this plan and the corresponding Micounty staff may contact me and a Buffer beyond what is described he the information on this form is true  **PROPERTY OWNER SIGNATURE DATE:	DE authorization. I urrange to inspect the erein is a violation of and accurate to the	nderstand that municipal or ework. Disturbance within the f State and local laws. I certify that best of my knowledge and belief.	
	NOTE:		

\*\*PLAN IS INVALID WITHOUT A PROPERTY OWNER SIGNATURE

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