

Consistency Report for Local Government Projects

Project Name:	Jurisdiction:
Project Description:	
Local Agency proposing project:	
Contact Name and Phone Number:	
Project Location (include street address, tax map and parcel number):	
Critical Area acreage and designation:	

Project Data	
Existing forest/woodland/trees:	% of site:
Proposed clearing:	% of existing forest:
Mitigation to be provided:	
Planting location & species (also show on site plan):	
Existing lot coverage:	% of site:
Proposed new lot coverage:	
Total lot coverage:	% of site:
If the % of lot coverage exceeds the permitted amount in the LDA or RCA, the project may need a Conditional Approval from the Critical Area Commission. Please contact your Commission planner for assistance.	
Total Area Disturbed:	
Stormwater Management: (If site is in the IDA, the 10% worksheets must be attached. Otherwise, local stormwater requirements must be addressed.)	
Has project received local approval of SWM and sediment and erosion control plans?	
Buffer impacts?	Is project water dependent?
If there are Buffer impacts proposed and the project is not water dependent, the project may need a Conditional Approval from the Critical Area Commission. Please contact your Commission planner for assistance.	
<u>Other Habitat Protection Areas:</u>	
Colonial Nesting Waterbird site? Yes <input type="checkbox"/> No <input type="checkbox"/>	Waterfowl Staging Area? Yes <input type="checkbox"/> No <input type="checkbox"/>
Endangered / threatened species? Yes <input type="checkbox"/> No <input type="checkbox"/>	Forest Interior Dwelling Bird Habitat? Yes <input type="checkbox"/> No <input type="checkbox"/>
Anadromous Fish Propagation Waters? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Non-tidal Wetland Impacts? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, MDE permit #:	
Tidal Wetland Impacts? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, MDE permit #:	

In accordance with COMAR 27.02.02, we hereby certify that this local agency project is consistent with the requirements of the local Critical Area Program.

_____ (Signature)

Please sign above, attach the site plan to this report and submit to the Critical Area Commission at 1804 West St., Suite 100, Annapolis, MD 21401