

CRITICAL AREA PLANTING AGREEMENT FORM
STATE AND LOCAL AGENCY PROJECTS

Project Name: _____

Agency: _____

Name of Party Responsible for Planting: _____

Contact Phone Number: _____

Contact Email: _____

CAC File Number: _____

Date of CAC Approval: _____

CAC Planner: _____

Planting Plan Summary

Provide a written summary of the total required planting and how this plan proposes to address the requirements. *For example, "This project requires a total of 6 acres of planting. The planting will meet 3 acres of Buffer mitigation and 3 acres of forest clearing. The mitigation will be located at Tuckahoe State Park. 4 acres of planting will be located in the Buffer and 2 acres will be located adjacent to existing forest as shown on the attached plans."*

Initial Planting Date: _____

Monitoring Period: _____

Final Approved Planting Plan Attached

By checking this box, I agree on behalf of _____
to submit monitoring reports, as required by the planting plan, to the Critical Area Commission staff. At the end of the monitoring period, I will contact CAC staff and schedule a site visit for final sign-off.

Name: _____

Signature: _____

Date: _____