

Type-1 Living Shoreline Buffer Management Plan

This form provides instructions for submitting a draft Buffer Management Plan under the Joint Permit Application for a shore erosion control project involving a living shoreline when the conditions are categorized as Type-1.

This form may also be used to satisfy the Buffer Management Plan requirements under COMAR 27.01.09 to be submitted to the local jurisdiction.

Note: if the proposed project does not meet the criteria below, see Type-2 Living Shoreline Buffer Management Plan

TYPE-1 PROJECTS

Existing Buffer is **LAWN** or LAWN interspersed with trees

AND

Permanent Buffer disturbance¹ extends **less than 15 feet landward** (as measured from the edge of tidal wetlands or the mean high water).

If clearing or grading in the Buffer extends beyond the first 15-feet (except for one direct path to access the shoreline erosion control project²) see the Living Shoreline Type-II Project Buffer Management Plan.

Note: The Local Jurisdiction has the right to verify the shoreline conditions as documented on this form.

INSTRUCTIONS

Complete and submit Sections A - D of this form and the Buffer Notification Form (page 6) to the Maryland Department of the Environment as part of a complete Joint Permit Application.

¹ Permanent Buffer disturbance is defined as a material, enduring change in the topography or landscape. It includes grading or clearing of a tree, forest, or developed woodland.

² Any tree canopy cleared for site access should be accounted for and mitigated appropriately as provided in Section B.



SECTION A: GENERAL DESCRIPTION

1. Provide a short description of the proposed work:

2. Applicant Information:

Name:		
Address:		
City:	State:	Zip:
Telephone:	E-mail address:	

Property Owner: ___Yes ___No

3. Contractor Information:

Name:		
Address:		
City:	State:	Zip:
Telephone:	E-mail address:	

4. Work site address if different than Applicant address above:

Address:		
City:	State:	Zip:

5. If not provided as part of the MDE application, provide recent photographs (within the past six months) of the proposed area where shore erosion control work will be conducted, including photos of the Buffer.

6. The project site will be accessed during construction by (select one):

___ Water (via Barge)

___ Land. If by land, will existing access road be used? ___Yes ___No

___ Other (please specify): _____



SECTION B: IMPACTS & MITIGATION

When impacting the Buffer under a Type-1 shoreline project, mitigation is only required when tree canopy is removed. Mitigation can be fulfilled in the form of planting a transition zone the length of the shoreline or through tree plantings at a 1:1 ratio for the tree canopy removed, or both.			
Proposed Canopy Coverage Removed		Mitigation Type	Mitigation Provided
Area of Tree Canopy Coverage Removed		a. Provide a Transition Zone* Linear Length of Transition (_____ ft) X Average Width Above MHW (<u>15 ft.</u>)	_____ sq. ft.
	_____ sq. ft.	AND/OR b. Mitigate at a 1:1 Ratio for Tree Canopy Removed** (NOTE: a. or b. or a combination of both must equal or exceed the required mitigation)	_____ sq. ft.
TOTAL MITIGATION REQUIRED	_____ sq. ft.	TOTAL MITIGATION PROVIDED	_____ sq. ft.

Note: Buffer mitigation can be provided in accordance with this table, COMAR 27.01.09.01-2.J-M, or within a local jurisdiction's approved Buffer Mitigation standards.

***Transition Zone:**

At the shoreward edge of the Buffer (above mean high water), provide a transition zone consisting of a mixture of native warm season grasses, shrubs, and herbaceous plants that are appropriate for the climate, soil, and hydrology of the site. The transition zone must be the length of the shoreline project and an average width of 15 feet.



****Planting Credit Table:**

The table provided below from COMAR 27.01.09.01-2.L may be used to help determine the amount of vegetation to plant to meet mitigation requirements.

Note: Species selections to be used to fulfill the Buffer mitigation requirements can be found [here](#).

Vegetation Type (Species)	Minimum Size	Credit (Sq. Ft.)	Quantity Provided	Mitigation Provided (sq. ft.)
Canopy Tree	2" caliper and 8' high	200		
Canopy Tree	1" caliper and 6' high	100		
Understory Tree	1" caliper and 6" high	75		
Large Shrub	1 gallon and 4 feet high	50		
Small Shrub	1 gallon and 18" high	25		
Herbaceous perennials	1 quart	2		
Planting Cluster 1	1 Canopy Tree plus 3 Large Shrubs, or 6 Small Shrubs of sizes listed above	300		
Planting Cluster 2	2 Understory Trees plus 3 Large Shrubs, or 6 Small Shrubs of sizes listed above	350		
Mitigation Provided			_____sq. ft.	



SECTION C: DRAFT SKETCH

Attach a draft Buffer Management Plan sketch to this form that includes the following components:

- The Critical Area Buffer.
- The location and the amount of disturbance to the Buffer that is proposed, including any areas of grading, access, stockpiling, and tree clearing. Cross sections showing any proposed grading is preferred.
- The total number and size of trees to be removed, the arrangement of the mitigation planting (including Transition Zone plantings), and the quantity and size of the mitigation. *Note: use Section B of this form to determine the correct amount of mitigation.*
- A note stating that the Buffer will be flagged in the field during construction.

SECTION D: CERTIFICATION

I will abide by this form and the attached Buffer Management Plan, if approved, and will not conduct any work beyond the limits of this plan and the corresponding MDE authorization. I understand that municipal or county staff may contact me and arrange to inspect the work. Disturbance within the Buffer beyond what is described herein is a violation of State and local laws. I also understand that the information listed herein will be required as part of a submittal for local approval of this shore erosion control application.

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

****PROPERTY OWNER SIGNATURE:** _____

DATE: _____

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



CRITICAL AREA BUFFER NOTIFICATION FORM

NOTICE TO SHORE EROSION CONTROL APPLICANTS

WHEN submitting a shore erosion control application to the Maryland Department of the Environment (MDE), the riparian property owner or their representative shall include this form along with the draft Buffer Management Plan.

Examples of Buffer Management Plans can be obtained by contacting the local government or the Critical Area Commission. This information is also available on the Commission's website found [here](#):

1. MDE may determine the application is incomplete if a **COMPLETED** DRAFT Buffer Management Plan or this form is not included with the application.
2. In addition to a federal or State authorization, a local government approval is required before you begin your project.
3. Before beginning any work, including site preparation and stockpiling of materials, the riparian property owner or their representative must obtain:
 - a. An authorization from MDE and the U.S. Army Corps of Engineers to construct and install a shore erosion control measure;
 - b. Approval of the Buffer Management Plan from the local jurisdiction; AND
 - c. Any other required local permits.
4. Buffer disturbance without a locally approved Buffer Management Plan or buffer disturbance that is not consistent with a locally approved Buffer Management Plan is a violation of State and local laws.

CERTIFICATION:

I have read and understand the requirements described in this NOTIFICATION FORM. I will abide by these requirements and the conditions of any State authorization and/or local approval. I will not begin any work without all required proper authorizations. Upon reasonable notice, I authorize the right to enter for periodic on-site evaluation by official representatives of the local Critical Area permitting authority.

SIGNATURE OF RIPARIAN PROPERTY OWNER OR REPRESENTATIVE:

PRINTED NAME: _____ DATE: _____

ADDRESS OF SHORE EROSION CONTROL PROJECT (Include city and zip):

CRITICAL AREA COMMISSION FOR THE CHESAPEAKE AND ATLANTIC COASTAL BAYS
1804 West Street, Suite 100 • Annapolis, MD 21401 • 410-260-3460

