Resource Protection Area Buffer Modification Request
FORM B – Buffer Modification

I. Buffer Modification Request
Please check which type(s) of activities best describes your request:

- [ ] Sightlines/Vistas/Woodlot Management
- [ ] Access Paths
- [ ] Removal of dead/dying/diseased tree(s)
- [ ] Shoreline Erosion Control Project
- [ ] Removal of noxious/invasive vegetation

II. Description of Project
Description of Proposed Activity:

Size of Proposed Buffer Modification into the RPA (ft²):

III. Contractor Information
If Applicable, please complete the following fields:

Name of Contractor:
Contractor’s Address:
City, State, ZIP
Contractor’s Phone Number: Work: (   ) Cell: (   )
Contractor’s Email:

III. Signature
I/We hereby certify that to the best of my/our knowledge all the statements in this application and statements contained in any exhibits transmitted are true. (NOTE: The property owner must sign the application. If the property owner does not sign the application, the agent must have limited Power of Attorney).

(Printed Name of Property Owner(s) or Agent acting for Property Owner)

(Signature of Property Owner(s) or Agent acting for Property Owner) Date

(Printed Name of Applicant, if different from property owner)

(Signature of Applicant, if different from property owner) Date