

Lincoln Conservation Commission
Native Plant Installation Application
 Conservation@lincolnma.gov

A. Date: _____

Property Address: _____

Property Owner: _____

Email Address _____ **Phone Number:** _____

B. According to Town maps, at least a portion of the property is within wetlands or buffer zones protected by the MA [Wetlands Protection Act](#) (310CMR 10.00) and/or [Lincoln Wetlands Protection Bylaw](#). Specifically, all or a portion of the property is:

- In Riverfront Area (land within 200 feet of the bank of a stream or river)
- In a Wetland Resource Area (wetland, marsh, pond, stream, or 100-year flood zone)
- In the Buffer Zone to a Resource Area (land within 100' of a stream, wetland, vernal pool, bank, pond).

C. Application Materials

- Informal Map.** The landowner must include an informal map with this Form. You may use a plot plan printed from the Town of Lincoln's GIS system <https://www.axisgis.com/LincolnMA/> . The map must show the following:
 1. Location of existing Wetland Areas and the 100-foot buffer zone, house, trees, & other relevant features.
 2. Location of proposed plants to be installed (numbered in a way that can be cross-referenced with the Applicant's planting list).
- Planting List.** The landowner must provide a list of native plants to be installed. The list includes number and species of each plant. Please verify that these plants are native to the New England region through the [Native Plant Trust website](#).

D. Maintenance Acknowledgement

I (Applicant) am aware that the success of native plantings is highly dependent on careful installation, regular waterings and management of non-native weeds, invasive plants and pests for the first few years after installation.

- Yes
- No

General Work Questions (Check "yes" or "no")

| | Yes | No | Comments |
|--|-----|----|----------|
| Will all plants be installed by hand? | | | |
| Will there be any expansion of lawn? | | | |
| Will any existing vegetation be removed? (if invasive plants are to be removed, please fill out the Inv. Spp Removal Request) | | | |
| Are any chemical fertilizers, herbicides or pesticides proposed to maintain the plants? | | | |
| Do you plan on mulching the plants? Describe the material and amount (leaf mulch or straw is recommended). | | | |
| Are there steep slopes in/near the planting area? (if so, erosion controls may be needed) | | | |

Is there anything else you wish to add about your planting request? Provide information in the space below.

Signature: _____

Date: .