



## *Town of Grantham*

**300 Route 10 South  
Grantham, NH 03753  
603-863-6021  
603-863-4499 Fax**

### Grantham Board of Selectmen

#### Shoreline Protection Cutting Plan – Review

In compliance with Article X-C: Shoreland/River overlay District of the Grantham Zoning Ordinance, the following information be provided to the Grantham Board of Selectmen in conjunction with the Conservation Commission in order to provide recommendations and to ensure compliance to RSA 483-B. Submit Only One Copy.

Name of Applicant: \_\_\_\_\_

Property Address: \_\_\_\_\_

Map/Lots: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: Day: \_\_\_\_\_ Night: \_\_\_\_\_

Email: \_\_\_\_\_

Contractor/ Agent name (if used): Please indicate whether the contractor/agent is a professional forester, arborist, or other professional: Name of Applicant:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Title: \_\_\_\_\_

Company: \_\_\_\_\_ License Number: \_\_\_\_\_

Address of Proposed Cutting: \_\_\_\_\_

Tax Map # : \_\_\_\_\_ Lot# : \_\_\_\_\_

Name of Body of Water: \_\_\_\_\_

Proposed Starting Date: \_\_\_\_\_

Proposed Completion Date: \_\_\_\_\_

Description of Proposed Cutting: \_\_\_\_\_

Size of Area involved: \_\_\_\_\_

Size (diameter at breast height /' DBH) and number of live trees to be cut between 0 – 50 feet from reference line (ordinary high-water mark for rivers or mean high water line for lake, pond or water line at full pond):

< 1" \_\_\_\_\_ 1–3" \_\_\_\_\_ 3–6" \_\_\_\_\_ 6–12" \_\_\_\_\_ >12" \_\_\_\_\_

Number of dead trees to be removed 0 –50 feet from reference line: \_\_\_\_\_

Number of dead trees to be remove 50 –150 feet from reference line: Live \_\_\_\_\_ Dead \_\_\_\_\_

What percentage of the 50 –150 feet buffer will remain undisturbed: \_\_\_\_\_

Number of trees to be removed beyond 150 feet: Live \_\_\_\_\_ Dead \_\_\_\_\_

Total number of trees to be removed: Live \_\_\_\_\_ Dead \_\_\_\_\_

Please include the following with this application:

\_\_\_\_\_ Site Plan showing proposed cutting/clearing location and the reference line

\_\_\_\_\_ Forest Management Plan, if one is in effect

\_\_\_\_\_ If property is located in Eastman, a copy of the Eastman Tree Removal Application showing approval by the Eastman Community Association (optional)

Vegetation intended to be removed and areas to be replanted need to be marked in the field prior to the time of the site inspection by members of the Grantham Conservation Commission.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

.....  
For Office Use Only:

Property Address: \_\_\_\_\_ Map/Lot \_\_\_\_\_

Date of Site Inspection: \_\_\_\_\_

Follow-up: State Shoreland Permit Required: \_\_\_\_ Yes \_\_\_\_ No

Recommendation of Approval: \_\_\_\_ Yes \_\_\_\_ No

Remarks: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of GCC Inspector      Print Name      Date

\_\_\_\_\_  
Signature of GCC Inspector      Print Name      Date

.....  
This plan (with modifications as shown above, if required) is approved by the signatures below:

\_\_\_\_\_  
Board of Selectmen Signature      Print Name      Date

\_\_\_\_\_  
Board of Selectmen Signature      Print Name      Date

\_\_\_\_\_  
Board of Selectmen Signature      Print Name      Date