

## **Invasive Plant Removal Request Form**

Approved by the Conservation Commission: January 17, 2023

The Town of Weston's Conservation Commission appreciates the care and attention given by residents who wish to remove invasive plants from their property and restore the natural structure of the land; it's important to note that there may be sensitive natural areas and/or their associated buffer zones on your property. All work within wetlands, rivers, stream, and ponds (Resource Areas) and the surrounding 100-foot Buffer Zone or 200-foot Riverfront Area must be reviewed and approved by the Conservation Commission for compliance with the Massachusetts Wetlands Protection Act (MGL Chap 131, Sec. 40) prior to commencement of work.

Please complete the form below and return it to the Conservation Department via e-mail or hard copy at the address above. For information on how to manage most invasive plant species in Weston, please visit <a href="www.westonma.gov/1760/invasive-plants">www.westonma.gov/1760/invasive-plants</a>. We look forward to working with you and developing solutions and strategies to restore areas degraded by invasive plants.

| Αŗ | oplication                   |                   |                             |  |
|----|------------------------------|-------------------|-----------------------------|--|
| 1. | Property Owner / P           | roject Location:  |                             |  |
|    | a. First Name                | b. Last Name      | c. Street Address           |  |
|    | d. Assessors Map Numb        | per               | e. Parcel/Lot Number        |  |
|    | f. Mailing Address (if diff  | erent from above) |                             |  |
|    | g. Phone Number              |                   | h. Email Address            |  |
| 2. | a. Contact Person First Name |                   |                             |  |
|    |                              |                   | b. Contact Person Last Name |  |
|    | c. Mailing Address           |                   |                             |  |
|    | d. Phone Number              | _                 | e. Email Address            |  |
|    |                              |                   |                             |  |

3. Project Description (include species and proposed method(s) of control and restoration):

| 4. Approx. Distance to Resource Area at Closest Point:   | Linear Feet |  |  |  |
|--|-------------|--|--|--|
| 5. Total Square Footage of Invasive Plant area to be removed:  | Square Feet |  |  |  |
| 6. Approx. Timeframe for Proposed Work (Start/end date):   | Date(s)     |  |  |  |
| 7. Is the use of chemicals proposed? If yes, describe how it will be applied below (please note that all herbicides must be applied by a licensed applicator):   | Yes/No      |  |  |  |
|  |             |  |  |  |
|  |             |  |  |  |
|  |             |  |  |  |
| <ul> <li>Please <u>attach</u> the following to this application:</li> <li>Color photos of existing conditions</li> <li>Sketch of proposed work area (including Resource Area and Buffer Zone boundaries as well as invasive plants to be removed)</li> </ul>                     |             |  |  |  |
| <ul> <li>Restoration plan (including plant species, area coverage, size, location and ongoing maintenance)</li> <li>Herbicide plan, if applicable (including the name, contact information and company of the licensed applicator as well as an application schedule)</li> </ul> |             |  |  |  |
| Signatures and Submittal Requirements  I hereby certify that the foregoing Request to Perform Invasive Plant Removal Work and accompanying plans, documents, and supporting data are true and complete to the best of my knowledge.  |             |  |  |  |
| Signature of Property Owner  | Date        |  |  |  |
|  |             |  |  |  |
| Signature of Representative (if any)   | Date        |  |  |  |