

**ALBEMARLE COUNTY STREAM BUFFER RESTORATION INITIATIVE**  
**Planting Plan**

Date: \_\_\_\_\_

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

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

Phone Number: \_\_\_\_\_

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

Length and Width of Buffer Restoration Project: \_\_\_\_\_

Square Feet: \_\_\_\_\_ Acres: \_\_\_\_\_

Planting Plan: (Sketch attached?    Yes    No)

*Applicant has choice of planting **one** of the following:*

- *For every 400 square foot unit or fraction thereof, plant **one (1) canopy tree** measuring 1 ½" – 2" caliper or a large evergreen 6 feet in height, **one (1) understory tree** measuring ¾" – 1 ½" caliper or one evergreen 4 feet in height, and **one (1) small shrub** 15" – 18" in height - (total equals 327 stems/acre).*
- *For every acre or fraction thereof, plant **1,210 hardwood and/or pine seedlings** on approximately 6'X6' centers without tree tubes and mats*
- *For every acre or fraction thereof, plant **600 hardwood and/or pine seedlings** on approximately 8'X8' centers with tree tubes and mats.*

Total number of plants to be installed: \_\_\_\_\_

\_\_\_\_\_

Size and type of all plants to be installed: \_\_\_\_\_

\_\_\_\_\_

Method of installation (contractor, volunteer) \_\_\_\_\_

\_\_\_\_\_

Number and placement of signs to be installed: \_\_\_\_\_

\_\_\_\_\_

Anticipated planting dates: \_\_\_\_\_

\_\_\_\_\_

Estimated Cost: \_\_\_\_\_

Planting Plan approved by: \_\_\_\_\_

**ALBEMARLE COUNTY STREAM BUFFER RESTORATION INITIATIVE**  
**Inspection and Approval for 50% Reimbursement**

Date of plant installation: \_\_\_\_\_ Date of inspection: \_\_\_\_\_

Inspected by: \_\_\_\_\_

Are the correct number of plants installed? \_\_\_\_\_

Are the correct size and type of plants installed? \_\_\_\_\_

Are receipts attached for plant purchase? \_\_\_\_\_

Was planting performed properly? \_\_\_\_\_

Are receipts or documentation attached for planting labor? \_\_\_\_\_

Do plants appear healthy? \_\_\_\_\_

Are signs installed properly? \_\_\_\_\_

Actual cost of project: \_\_\_\_\_

Is project approved for reimbursement? Yes \_\_\_\_\_ No \_\_\_\_\_ Explanation \_\_\_\_\_

Reimbursement total: \_\_\_\_\_

Reimbursement payment information: \_\_\_\_\_

\_\_\_\_\_