



STREAM BUFFER DETERMINATION FORM

Date: _____ Address: _____

Requested By: _____ \$200.00 fee paid Yes No Receipt# _____

Phone/Email: _____

Parcel Owner's Name: _____

Phone/Email: _____

(Below section for Inspectors use only)

FIELD

Description of Water Feature: _____

Defined Channel? Yes No _____

Flow? Yes No _____

Wrested Vegetation? Yes No _____

Wetland Vegetation? Yes No _____

Hydric Soils? Yes No _____

Coarse Sediments? Yes No _____

Description of Water Feature Entering/Leaving the Property: _____

OFFICE

Associated Flood Zones: Yes No _____

City/County GIS Streams: Yes No _____

Supporting Topography: Yes No _____

Adjacent Permits & Site Plans: _____

City Inspectors Name: _____

Final Determination: Perennial Intermittent Ephemeral

Buffers Required: Yes No

Comments: _____