



Planning Department

801 Crawford Street, Portsmouth, Virginia 23704
757-393-8836

Wetland *Phragmites* Eradication Application

<https://www.portsmouthva.gov/184/Wetlands-Board>

Phragmites is a jurisdictional tidal wetlands plant when it is located within 1½ times the mean tide range above mean low water. Removal of *Phragmites* shall be performed according to the following adopted policy which was adopted in 2020 by the Portsmouth Wetlands Board.

Level One (Cutting ONLY)

The Issuance of a Level One Staff Clearance Requires Adherence to the Following:

1. The person requesting the clearance must be the property owner or obtain written permission from the property owner.
2. Planning Staff shall perform a site visit to the property to confirm that the plants to be cut are *Phragmites*.
3. Only use hand-held tools (weed eater, garden shears, etc.).
4. Do not cut down so far as to disturb the soil. There should be stalk left after cutting that is visible above ground.
5. Do not use chemicals or burning methods on the plants.
6. Remove cut stalks from the wetlands area after cutting.
7. The staff clearance is NOT transferable to a future property owner/occupant. A new clearance must be obtained by the new owner/occupant.
8. The issued clearance shall expire after two years and may be renewed.
9. The issuance of the *Phragmites* Eradication Clearance does not permit any other wetland vegetation or upland vegetation to be cut. Cutting of such vegetation may result in the issuance of a violation and the assessment of a subsequent fine.

Level Two (Herbicide Application, Includes Necessary Cutting)

The Issuance of a Level Two Staff Clearance Requires Adherence to the Following:

1. The person requesting the clearance must be the property owner or obtain written permission from the property owner.
2. Planning Staff shall perform a site visit to the property to confirm that the plants to be cut are *Phragmites*.
3. Only herbicides and surfactants specified for aquatic use may be utilized; the most common active ingredient is glyphosate. Aquatic formulations of glyphosate include Rodeo®, AquaNeat®, and Glypro®, among others. Check the label of the product and follow the specific guidance. Roundup® is not authorized for use. Staff cannot provide recommendations on pesticide use beyond this.
4. The staff clearance is NOT transferable to a future property owner/occupant. A new clearance may be obtained by the new owner/occupant.
5. The issued clearance shall expire after two years and may be renewed.
6. The issuance of the *Phragmites* Eradication Clearance does not permit any other wetland vegetation or upland vegetation to be cut. Cutting of such vegetation may result in the issuance of a violation and the assessment of a subsequent fine.

Please request staff guidance if you desire to replace *Phragmites* area with other vegetation and/or propose to change the contour/elevation of a *Phragmites* area.

COMPLETENESS REVIEW

If City staff determines that the submittal contains insufficient information for staff review, the application will be deemed to be **INCOMPLETE** and will not be reviewed. The applicant will be informed of the deficiencies and will be allowed to amend or resubmit their proposal.

If City staff determines that the submittal is complete, the request will be reviewed by a staff review team and receive a determination of APPROVED or NOT APPROVED. If the proposal is NOT APPROVED, the applicant will be given an opportunity to amend and resubmit their proposal, if appropriate.

There is no fee associated with this application.

1. General Project Information

Submission Date:			
Project Address:			
Total area of <i>Phragmites</i> to be removed (square feet):			
Type of Clearance Requested:	Level One	Level Two	

2. Applicant Information

Applicant Name:			
Mailing Address:			
Phone Number(s):			
Email Address:			

3. Detailed Written Narrative of Proposed *Phragmites* Removal

Use additional sheet(s) as needed.

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5. Property Owner Information (if different from applicant)

The property owner must sign the property owner consent box.

Property Owner Contact Name:			
Mailing Address:			
Phone Number(s):			
Email Address:			

By signing this application below, I, as the owner of the property listed, give my endorsement of this application.

Property Owner or Authorized Signature:		Date Signed:	
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6. Applicant Certification

By signing this application below, I hereby attest to the truth and accuracy of all facts and information presented with this application.

Applicant Signature:		Date Signed:	
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STAFF USE ONLY

Case Number (Tidemark):

Received By:		Received Date:	
Staff Comments:		Approval Date:	