

ORANGE COUNTY AGRICULTURAL DISTRICT ANNUAL ENROLLMENT FORM

Application to be completed by landowners who wish to include parcel(s) of predominantly viable agricultural land within a certified New York State Agricultural District. Annual period for such requests is March 1 through March 30.

INSTRUCTIONS (TO BE COMPLETED BY LANDOWNER)

1. Complete and sign application.
2. Return to Orange County Department of Planning (address below) between March 1 through March 30 5:00 PM.

PART I LANDOWNER DESCRIPTION

Name _____
 Daytime Telephone (____) _____ Fax (____) _____
 Mailing Address _____ City/Town/Village _____
 State _____ Zip _____ Email Address _____

PRIMARY CONTACT

Name _____
 Daytime Telephone (____) _____ Fax (____) _____
 Mailing Address _____ City/Town/Village _____
 State _____ Zip _____ Email Address _____
 Best Contact Time _____

PART II PROPERTY DESCRIPTION

Please describe the property proposed to be added to the Agricultural District and list the tax map parcel numbers for all parcels that you wish to be included in the Agricultural District Program. Also indicate the town in which they are located. If you are unsure of your tax map parcel numbers please check with your local assessor. Please note that there may be a site inspection of the parcel. The owner is required to be available to meet with a representative of the County during the inspection. (Attach extra sheets if necessary):

<u>Tax Map Parcel #</u> <u>Town</u>	<u>Tax Map Parcel #</u> <u>Town</u>	<u>Tax Map Parcel #</u> <u>Town</u>
<i>(Example: 1-1-21 Monroe)</i>		

I would prefer my property to be included in Agricultural District No. _____
 Total Number of Acres to be Included _____
 Total Acreage Used for Agricultural Purposes _____
 Describe Current Land Use and/or Agricultural Activity/Crop _____

List Soil Types _____
 Are Any Soils Listed as Prime or Important by the New York State Department of Agriculture and Markets?
 _____ If so, How Many Acres are Prime? _____ How many acres are important? _____

Has this Property been Subdivided? _____ If Yes, Date of Subdivision _____
 Is this Property Proposed for Subdivision? _____ If Yes, Current Stage of Development _____
 Provide a Copy of the Subdivision Map

PART II (CONTINUED)

The Local Zoning Designation for the Property is _____

List any Local Municipal Restrictions on the Use of the Property _____

Identify any Outstanding Local Building or Zoning Code Violations _____

List any Deed Restrictions or Easements on the Property _____

PART III BUSINESS DESCRIPTION

Please briefly describe the business that is operated or will be operated on the property that is proposed to be added to the Agricultural District. (Attach extra sheets if necessary.)

Is this Property Currently Receiving Agricultural (Ag) Assessment? _____

Attach Agricultural Business Plan (Optional)

PART IV SIGNATURE

I attest that the above information is correct to the best of my knowledge and hereby officially request that my property, which includes **viable agricultural land**, be included in the Agricultural District Program. I recognize that such land, once officially included in the Agricultural District Program, may not be removed from this program until the eight-year review period for the Agricultural District into which my land is placed. I understand that this is not an application for an agricultural value assessment. I further understand that all applications will be forwarded to the local municipality for comments. I also acknowledge that this request is subject to a public hearing, action by the Orange County Legislature and certification by the NYS Department of Agriculture and Markets.

Signature _____ **Date** _____

If you have any questions regarding this form please call or email the Orange County Department of Planning at Planning@co.orange.ny.us (845) 615-3840, Monday through Friday 9:00 A.M. to 5:00 P.M. **PLEASE RETURN**

THIS APPLICATION TO: Orange County Dept of Planning
124 Main Street Goshen, N.Y. 10924