## AGRICULTURAL DISTRICT OPEN ENROLLMENT FORM

This form is to be completed by agricultural landowners who wish to request inclusion in an existing agricultural district. The information obtained from this form will be used by the County and State to determine the significance and viability of agriculture.

(NYS Agriculture and Markets Law 25AA, §303-b)

## REQUESTS WILL BE ACCEPTED FROM SEPTEMBER 1 TO SEPTEMBER 30.

## APPLICANTS MUST FILL OUT ALL APPLICABLE SECTIONS. UNSIGNED APPLICATIONS WILL NOT BE CONSIDERED.

PHONE: (

LANDOWNER INFORMATION

**PART I:** 

**OWNER NAME:** 

ADDRESS:		ALT. PHONE: (						
CITY, ST, ZIP:		EMAIL:						
RENTER CONTACT INFORMATION (IF APPLICABLE)								
RENTER NAME: PHONE: ( )								
MAILING ADDRESS: ALT. PHONE: ( )								
CITY, ST, ZIP:		EMAIL:						
PART II: PROPERTY DESCRIPTION								
Please describe the property proposed to be added to the Agricultural District and list the SBL (tax identification) numbers and the Town in which they are located for all parcels that you wish to be included in the Agricultural District Program. If you are unsure of your SBL numbers or whether or not a parcel is currently receiving an								
Agricultural Assessment, please check with your local assessor.  FARM DESCRIPTION								
Total number of acres owned								
Total number of acres farmed/cropped								
Total number of acres rented (from another landowner as part of the subject farm)					Y /	N		
Did you file a Schedule F - Form 1040 (Profit or Loss From Farming) with last year's Federal taxes?						IN .	No	
Annual gross income from agricultural operation								
Capital investment in agricultural operation over past 5 years:(please check one)  □ N/A (e.g. a proposed operation/start-up) □ Below \$10,000 □ \$10,000 □ Greater than \$50,000								
SBL Number (Tax ID)	Street Address	Town	Size (a	icres)	Agricultural Assessment (Y/N)			
100.01-1-1.01	1 Sample Street	Anytown	10	10.2		No		

PART III: AGRICULTURAL BUSINESS DESCRIPTION					
Describe the business that is operated or will be operated on the parcel(s) proposed to be added to the Agricultural District.					
Identify the operating status of the  Proposed/Start-up (If yes, please attach a "5-year busing Existing/Established	e farm operation on the subject land ness plan" and a "5-year financial projections plan")				
CURRENT USE OF SUBJECT PARCEL(S) Check all that apply					
AGRICULTURAL USE  Dairy Cash Crop (Grain) Cash Crop (Vegetable) Orchard/Vineyard Livestock (other than dairy) Poultry Sugarbush/Maple Horticultural Specialties/Christmas Tree Aquaculture Other	ACRES (estimated)				
PART IV: SIGNA	TURE				
and hereby officially request that my property, which is <b>predom</b> District Program. I recognize that such land, once officially include this program until the eight-year review period for the Agricultur	ded in the Agricultural District Program, may not be removed from ral District in which my land is placed. I understand that this is not edge that this request is subject to a public hearing; review by the				
riopeity Owner	Date				

## PLEASE SEND COMPLETED REQUEST FORM TO:

Elias Reden, Planner Erie County Department of Environment & Planning 95 Franklin Street, 10<sup>th</sup> Floor, Buffalo, NY 14202 OR

<u>agriculture@erie.gov</u>

Questions? Contact Planner Elias Reden at (716)858-1911 or <u>elias.reden@erie.gov</u>