

**AGRICULTURAL DISTRICTS PROGRAM
2017 APPLICATION FORM**

APPLICATION NUMBER <i>AGENCY USE</i>	DATE RECEIVED <i>AGENCY USE</i>
PROPERTY ADDRESS / DISTRICT NUMBER <i>AGENCY USE</i>	

This form is to be completed by landowners who wish to include their lands in certified agricultural districts. The information obtained from this form will be used by the County to determine whether the lands consist predominately of viable agricultural lands and whether the inclusion of such lands will serve the public interest by assisting in maintaining a viable agricultural industry within the district. The County reserves the right to use other information as may be necessary to make such determinations. For clarification of the terms used in this form, see Section 301 of the New York State Agriculture and Markets Law.

Question 1 pertains to the land the owner wishes to include in the certified agricultural district.

- 1. Identify the tax map number of each subject parcel you wish to include.** *Attach additional sheets if the space provided below is insufficient to answer the question completely. Include only those lands you own and wish to include. Do not list parcels already included in certified agricultural districts.*

	DISTRICT	SECTION	BLOCK	LOT	LOT SIZE (In acres)
<i>Ex.</i>	<i>0100</i>	<i>001.00</i>	<i>01.00</i>	<i>001.001</i>	<i>10.0</i>
1					
2					
3					
4					
5					
				Total Acres:	

Questions 2 through 3 pertain to the owner of the land that is proposed for inclusion.

- 2. Enter the landowner’s contact information in the following spaces provided:**

a) ENTITY NAME <i>(If applicable)</i>		
b) LANDOWNER NAME <i>(If the landowner is not an individual, identify the representative of the entity specified above)</i>		
LAST	FIRST	MI
c) MAILING ADDRESS <i>(Include Street No. and Name, Apt. No., and/or PO Box No.)</i>		
d) CITY	e) STATE	f) ZIP CODE
g) TELEPHONE NO.	h) FAX NO. <i>(If applicable)</i>	
i) EMAIL ADDRESS		

- 3. Is the landowner the operator of the subject parcel(s)?** Yes *(Go on to Question 5.)*
 No *(Go on to Question 4.)*

Question 4 pertains to the operator of the land that is proposed for inclusion.

4. Enter the operator’s contact information in the following spaces provided:

a) ENTITY NAME <i>(If applicable)</i>		
b) OPERATOR NAME <i>(If the operator is not an individual, identify the representative of the entity specified above)</i>		
LAST	FIRST	MI
c) MAILING ADDRESS <i>(Include Street No. and Name, Apt. No., and/or PO Box No.)</i>		
d) CITY	e) STATE	f) ZIP CODE
g) TELEPHONE NO.	h) FAX NO. <i>(If applicable)</i>	
i) EMAIL ADDRESS		

Questions 5 through 12 pertain to the operation on the land that is proposed for inclusion.

5. Enter the name of the operation in the following space provided (e.g., Smith Family Farm):

NAME

6. Identify the current use of the subject parcel(s). *Select “Yes” for each that applies and provide the acreage.*

AGRICULTURAL USE		ACRES <i>(estimated)</i>	% LAND
a) Crops– Food <i>(e.g., apples, oysters, etc.)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No		AGENCY USE
b) Crops– Horticulture <i>(e.g., privet)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No		AGENCY USE
c) Crops– Energy <i>(e.g., switchgrass)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No		AGENCY USE
d) Livestock– Husbandry <i>(e.g., goat)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No		AGENCY USE
e) Livestock– Food <i>(e.g., beef)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No		AGENCY USE
f) Livestock– Products <i>(e.g., wool)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No		AGENCY USE
g) Farm woodland <i>(e.g., logs)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No		AGENCY USE
h) Commercial Horse Boarding Operation	<input type="checkbox"/> Yes <input type="checkbox"/> No		AGENCY USE
i) Commercial Equine Operation	<input type="checkbox"/> Yes <input type="checkbox"/> No		AGENCY USE
j) Other <i>(Specify _____)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No		AGENCY USE

Answer Question 7 if the answer to Question 6(h) is “Yes.”

7. State the number of horses boarded on the subject parcel(s). _____

Answer Question 8 if the answer to Question 6(i) is “Yes.”

8. State the number of equine animals stabled on the subject parcel(s). _____

9. Identify the operating status of the single farm operation on the subject land. *Select only one answer.*

- Proposed/Start-up (If yes, please attach a "5-year business plan" and a "5-year financial projections plan".)
- Newly established
- Existing

10. Identify the duration immediately preceding today of continuous farm operation on the subject land.

- N/A (e.g., a proposed operation/start-up)
- Less than 1 year
- 1 to 2 years
- 2 to 3 years
- 3 to 4 years
- 4 to 5 years
- Greater than 5 years

11. Identify the annual gross sales generated from this farm operation on the subject land. *Use the average annual gross sales value derived from the sale of crops, livestock, livestock products, and/or woodland products for those operations in operation for more than two years. Use last year's gross sales value derived from the sale of crops, livestock, livestock products, and/or woodland products for those operations in operation for less than two years. Use last year's gross receipts collected value derived from commercial horse boarding operations or commercial equine operations.*

- N/A (e.g., a research operation, proposed operation/start-up)
- Below \$10,000
- \$10,000 to \$50,000
- Greater than \$50,000

12. Identify the value of capital improvements to this farm operation on the subject land over the last five years.

- N/A (e.g., a proposed operation/start-up)
- Below \$10,000
- \$10,000 to \$50,000
- Greater than \$50,000

13. Is this property part of a single farm operation that includes other parcel(s) of land in Suffolk County? Yes No

If yes, please identify the additional tax map number(s): _____

CERTIFICATION OF APPLICANT	
I, _____, certify that I am the owner of the land identified in this application and that this application form including any attached documentation constitutes a true statement of facts to the best of my knowledge.	
_____ <i>Signature of Owner</i>	_____ <i>Date</i>

-----AGENCY USE BELOW THIS LINE-----

Has the applicant answered all of the applicable questions? Yes No

Is the land already in a certified agricultural district? Yes No

Application Submission Details

In order to have your farm considered for inclusion in an existing certified agricultural district during the 2017 Open Enrollment Period, **please submit this application form during the month of March** to:

Andrew Amakawa, Research Technician
Suffolk County Division of Planning & Environment
H. Lee Dennison Bldg – 2nd Floor
100 Veterans Memorial Hwy
P.O. Box 6100
Hauppauge, NY 11788-0099

QUESTIONS? Contact the Suffolk County Division of Planning & Environment at (631) 853-4863.