

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.**

PART I: LANDOWNER INFORMATION	
OWNER NAME:	PHONE: ()
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)	
Did you file a Schedule F - Form 1040 (Profit or Loss From Farming) with last year's Federal taxes?	Y / N
Annual gross income from agricultural operation	
Capital investment in agricultural operation over past 5 years: <i>(please check one)</i> <input type="checkbox"/> N/A (e.g. a proposed operation/start-up) <input type="checkbox"/> Below \$10,000 <input type="checkbox"/> \$10,000 - \$50,000 <input type="checkbox"/> Greater than \$50,000	

SBL Number (Tax ID)	Street Address	Town	Size (acres)	Agricultural Assessment (Y/N)
<i>100.01-1-1.01</i>	<i>1 Sample Street</i>	<i>Anytown</i>	<i>10.2</i>	<i>No</i>

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 farm operation on the subject land

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

CURRENT USE OF SUBJECT PARCEL(S) *Check all that apply*

AGRICULTURAL USE	ACRES (estimated)
<input type="checkbox"/> Dairy	
<input type="checkbox"/> Cash Crop (Grain)	
<input type="checkbox"/> Cash Crop (Vegetable)	
<input type="checkbox"/> Orchard/Vineyard	
<input type="checkbox"/> Livestock (other than dairy)	
<input type="checkbox"/> Poultry	
<input type="checkbox"/> Sugarbush/Maple	
<input type="checkbox"/> Horticultural Specialties/Christmas Tree	
<input type="checkbox"/> Aquaculture	
<input type="checkbox"/> Other	

PART IV:

SIGNATURE

I attest that I am the legal owner of the above properties and that the above information is correct to the best of my knowledge and hereby officially request that my property, which is **predominantly 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 in which my land is placed. I understand that this is not an application for an agricultural tax assessment. I also acknowledge that this request is subject to a public hearing; review by the Erie County Agriculture and Farmland Protection Board; action by the Erie County Legislature; and certification by the NYS Department of Agriculture and Markets.

Property Owner _____ Date _____

PLEASE SEND COMPLETED REQUEST FORM TO:

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

OR

agriculture@erie.gov

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