

Tioga County Planning Board GML 239 I&m Review
AGRICULTURAL DATA STATEMENT

Municipality _____ Application # _____ Date _____

Instructions: This form must be completed for any application requiring municipal review for Special Use Permit, Site Plan Approval, or Use Variance that is proposed to occur on property within 500 feet (500') of a farm operation located in an Agricultural District (Section 283-a of Town Law or 7-739 of Village Law).

PART I (completed by Applicant)

Applicant	Owner, if different from Applicant
Name: _____	Name: _____
Address: _____	Address: _____
Phone #: _____	Phone #: _____

1. Type of Application: Site Plan Approval Special Use Permit Use Variance
2. Description of Project (purpose, acreages involved, etc.) _____

3. Location of Project: Address: _____
 Tax Map Number(s) _____
4. Is this parcel actively farmed? YES NO If yes, principle farm type _____
5. Is this parcel within an Agricultural District? YES NO (Check with your local assessor)
6. List all farm operations within 500 feet of your parcel. (Check with your local assessor)

Name: _____ Address: _____ Tax Map Number(s) _____ Agricultural District: <input type="checkbox"/> YES <input type="checkbox"/> NO Parcel Actively Farmed: <input type="checkbox"/> YES <input type="checkbox"/> NO	Name: _____ Address: _____ Tax Map Number(s) _____ Agricultural District: <input type="checkbox"/> YES <input type="checkbox"/> NO Parcel Actively Farmed: <input type="checkbox"/> YES <input type="checkbox"/> NO
Name: _____ Address: _____ Tax Map Number(s) _____ Agricultural District: <input type="checkbox"/> YES <input type="checkbox"/> NO Parcel Actively Farmed: <input type="checkbox"/> YES <input type="checkbox"/> NO	Name: _____ Address: _____ Tax Map Number(s) _____ Agricultural District: <input type="checkbox"/> YES <input type="checkbox"/> NO Parcel Actively Farmed: <input type="checkbox"/> YES <input type="checkbox"/> NO
Name: _____ Address: _____ Tax Map Number(s) _____ Agricultural District: <input type="checkbox"/> YES <input type="checkbox"/> NO Parcel Actively Farmed: <input type="checkbox"/> YES <input type="checkbox"/> NO	Name: _____ Address: _____ Tax Map Number(s) _____ Agricultural District: <input type="checkbox"/> YES <input type="checkbox"/> NO Parcel Actively Farmed: <input type="checkbox"/> YES <input type="checkbox"/> NO

Attach a separate sheet if necessary.

PART II (completed by Municipal Clerk)

Municipal Clerk **must** send Notice of the Project to the above farm operations by Return Receipt/Certified Mail. The applicant **must** pay for all postage costs. Return receipts must be presented to the Municipal Review Board.

Date Notice(s) Sent: _____

Signature of Clerk

Signature of Applicant

PART III (completed by Municipal Review Board)

1. The municipal review board **shall** evaluate and consider this agricultural data statement in its review of the possible impacts of the proposed project upon the functioning of farm operations listed above within such agricultural district.

Reviewed by:

Signature of Municipal Official

Date

2. **All** applications requiring an Agricultural Data Statement **must** be referred to the Tioga County Planning Board in accordance with amended Section 239-m of the General Municipal Law. A copy of this completed Agricultural Data Statement must be submitted along with the referral to the County Planning Department.

Notice of Referral to Tioga County Planning Board – Date Sent: _____
