

**New York State Agricultural Districts Program: Cattaraugus County
LANDOWNER REQUEST FOR INCLUSION**

Form to be completed by landowners requesting inclusion of parcel(s) of predominantly viable agricultural land within a New York State certified Agricultural District. The annual period for such requests is January 2nd through January 31st.

INSTRUCTIONS (To be completed by landowner)

- 1. Complete and sign application.**
- 2. Return to Cattaraugus County Planning (address below) by the January 31st deadline.**

PART I LANDOWNER INFORMATION

Name _____

Mailing Address _____

City/Town/Village _____ State _____ Zip _____

Daytime Telephone (____) _____ E-mail Address _____

PART II PROPERTY DESCRIPTION

Describe the property proposed for inclusion in an Agricultural District and identify the tax map parcel numbers for each parcel to be included in the NYS Agricultural Districts Program. Identify the town in which the parcels are located. Contact your local assessor if you are unsure of your tax map parcel numbers. (Attach additional sheets if necessary):

Include the property identified below in the Cattaraugus County Agricultural District.

Total Acreage to be Included _____ acres

Describe Current Land Use and/or Agricultural Activity/Crop Type(s) _____

Tax Map Parcel #	Town	Tax Map Parcel #	Town	Tax Map Parcel #	Town
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

PART III SIGNATURE

I affirm that the above information is correct to the best of my knowledge and hereby officially request that the property identified above, which is predominantly viable agricultural land, be included in the NYS Agricultural District Program. I understand that this land cannot be removed from the Agricultural Districts Program until the next eight-year review period for the Agricultural District in which this property is included. I understand that this is not an application for an agricultural tax assessment. I acknowledge that this request is subject to a public hearing, action by the Cattaraugus County Legislature and certification by the New York State Department of Agriculture and Markets.

Signature _____ **Date** _____

If you have any questions regarding this form please call Christine Urf, Cattaraugus County Dept. of EDPT at 716-938-2311 or email CMUrf@CattCo.org

Return this Application to: Cattaraugus County Dept. of EDPT
303 Court Street
Little Valley, NY 14755