

For Office use only

Initial Ranking Year _____

File Number _____

Date Received _____

Townships _____

Regions _____

Application Reviewed by: 1. _____ 2. _____



Agricultural Preserve Board Conservation Easement Application

[Due by September 1st]

The undersigned landowner(s) is applying to convey a perpetual agricultural land conservation easement to the Lancaster County Agricultural Preservation Board (APB). Qualifying (i.e., meeting minimum criteria as described in APB Program Guidelines) lands identified on this application will be processed as one easement. Multiple applications must be used when the landowner(s) intends to convey more than one easement or when tracts of land are not contiguous. Additional applications and/or recorded documents may be obtained by accessing the County's website: www.co.lancaster.pa.us.

Landowner Personal Information

Landowner Name(s): _____

Who will be the contact person regarding this application?

Name: _____ Title: _____

Company Name: _____

D/B/A (if different): _____

Mailing Address: _____

Phone: _____ Fax: _____ Cell Phone: _____

Email Address: _____

Best time to phone: _____ Best time to visit: _____

Are you a: Corporation* Partnership** Sole Proprietorship

If Corporation, identify State of Incorporation: _____

**Submit Articles of Incorporation with application. **Submit copy of Partnership Agreement with application.*

Is your township planning to contribute funding to preserve your farm? Yes No

According to the APB's ranking system, applications received from applicants who are willing to accept less than the appraised value of the easement, not to exceed \$4,000/acre, will rank higher.

What portion of the appraised value of the easement (not to exceed \$4,000/acre) are you willing to accept?

100% 90% 80% 70% 60% 50% or less*

The difference between the easement purchase price and the appraised easement value may be used as a federal income tax charitable gift deduction. Consult an experienced tax advisor/attorney.

**Applications from applicants offering to accept 50% or less of the easement value will be evaluated according to the criteria established in the APB Program Guidelines (Dec. 16, 2004 rev., as amended), Section XII.*

Payment method options can be found in the APB Program Guidelines, Section IX .I .2.

Please answer the following questions to describe the land that you are proposing to be covered by ONE easement. Space is provided to describe up to two parcels of land. If you have reason to include more than two parcels of land in one easement, you may photocopy this page to describe the additional parcel(s).

Property Information

1 In total, how many parcels of land do you want preserved under one easement? _____

2 Street address of the land proposed for preservation: _____

	Parcel # _____ of _____	Parcel # _____ of _____
3 Account number (13 digits) (required):	----- - ----- - -----	----- - ----- - -----
4 Tax parcel ID (map/block/lot) (optional):	____ / ____ / ____	____ / ____ / ____
5 Assessed (GIS) acreage:	_____	_____
6 Deed book & page or Document ID#:	_____	_____
7 Deed acreage:	_____	_____

Submit two copies of your recorded deed along with this application.

8 Bare Land?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 How many acres do you want to preserve?	_____	_____

If you plan to preserve less than 100% of the deeded acreage, the survey work for excluded land will be your responsibility. In addition, you must submit a map that identifies the location of the area to be omitted from the easement.

10 What township(s) is your land located in?	_____	_____
11 What township(s) is your land assessed in?	_____	_____
12 What is the current zoning of your land?	_____	_____

APB will not proceed with an appraisal and subsequent preservation steps if your farmland is not zoned for agriculture and/or the zoning is not considered effective ag zoning by the APB.

13 Is your land located in a designated growth area?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
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APB will not preserve farms that are located within designated growth areas.

14 Is your land part of an Agricultural Security Area?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what township(s)?	_____	_____
15 Book & page or Document ID of the recorded ASA Affidavit/Declaration(s):	_____	_____
16 Is there a cemetery on the property?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, is it your family cemetery?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Overview of Farm Operation

17 Type of farming operation: _____

Crops Grown on Land Proposed for Easement Sale for the Past Two Growing Seasons

18	Growing Season 1 / Year _____		Growing Season 2 / Year _____	
	Crops	Acres	Crops	Acres
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	1) Total Cropland:	_____	1) Total Cropland:	_____
	2) Total Pasture Land:	_____	2) Total Pasture Land:	_____
	3) Total Other Land (woods, bldgs., etc.):	_____	3) Total Other Land (woods, bldgs., etc.):	_____
	Total Land Proposed for Preservation:	_____	Total Land Proposed for Preservation:	_____
	(Sum of 1, 2, & 3)	_____	(Sum of 1, 2, & 3)	_____

19 List types of livestock on the farm

List types of livestock on the farm	Number
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

20 Contact Information of tenant farmer, if applicable:

Name: _____

Mailing Address: _____

City/State/Zip: _____

Phone: _____

21 Based on Act 38 of 2006, are you required to have a Nutrient Management Plan? Yes No

22 Date of Nutrient Management Plan, if applicable (mm/dd/yyyy): _____/_____/_____

23 How many acres of the land that is proposed for preservation is enrolled in CRP/CREP (Conservation Reserve Program/ Conservation Reserve Enhancement Program)? And, what is the contract period?

Acres _____ Contract Period (mm/dd/yyyy): _____/_____/_____ thru _____/_____/_____

24 Do you have a Conservation Plan for the land which is identified in this application? Yes No

If yes, please provide a copy with this application.

25 When was the Plan last updated (mm/dd/yyyy)? _____/_____/_____

26 Was the Plan developed (or updated) in conjunction with the current farming operation? Yes No

27 Is the implementation of the Plan on schedule? Yes No

28 According to the implementation schedule, what percentage of the plan is implemented? _____

29 Are you enclosing a copy of the Plan with this application? Yes No

If you answered "No" to question number 24, 26, or 29, please complete the last page of this application to initiate one or more of the following actions: a) authorize the District Conservationist to release a copy of your most current conservation plan to the Lancaster County Agricultural Preserve Board, b) request assistance to update an existing plan, c) request assistance to develop a new plan.

30 Who should be contacted to view the farm? _____

31 What are the directions to your farm from the nearest State route? _____

32 Are there any businesses other than agricultural production on the farm? Yes No

If Yes, describe: _____

33 Has your farm been designated as a Century Farm? Yes No

If yes, when (mm/dd/yyyy)? _____ / _____ / _____

34 Please specify any specific historic features (documented or undocumented) regarding the property proposed for preservation:

(If documented, please submit a copy of documentation.) _____

35 Please specify any scenic and/or environmental features favorable to preservation regarding the property proposed for preservation:

36 Are there any mortgages or liens against the property that was previously described in this application? Yes No

I/We, do hereby verify that I/We have reviewed the application. I/We further verify that the application correctly and accurately depicts the condition of the land and that such statements are true and correct to the best of my/our knowledge, information, and belief. These statements are being given by me/us to induce official action on the part of the Lancaster County Agricultural Preserve Board, its agents, officers, servants, and employees. I/We understand that any false statements made herein are being made subject to the penalties of 18 P.A.C.S. Section 4904 relating to unsworn falsification to authorities.

Print Name Signature Date

Return completed application to the **Agricultural Preserve Board**, 150 North Queen Street, Suite 325, Lancaster, PA 17603 **by September 1st**. Call (717) 299-8355 if you have questions about the preservation program/process, or would like assistance to complete the application.