

APPLICATION FOR SITE-SPECIFIC AGRICULTURAL MANAGEMENT PRACTICE RECOMMENDATION

(COMMERCIAL FARM OWNER/OPERATOR) (NAME OF COMMERCIAL FARM) I hereby request the Morris County Agriculture Development Board ("board") to d a site-specific agricultural management practice (AMP) for my agricultural operatic pursuant to the Right to Farm Act, N.J.S.A. 4:1C-1 et seq. The site-specific AMP address the following practices, activities or issues:	For			
I hereby request the Morris County Agriculture Development Board ("board") to da site-specific agricultural management practice (AMP) for my agricultural operation pursuant to the Right to Farm Act, N.J.S.A. 4:1C-1 et seq. The site-specific AMP		(COMMERCIAL FARM	1 OWNER/OPERATOR)	
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	a site-specific agr pursuant to the R	ricultural management p ight to Farm Act, N.J.S.	ractice (AMP) for n A. 4:1C-1 et seq. T	ny agricultural operation

2.	I her	I hereby certify the following:				
	I am	I am (one of) the owner(s)/operator(s) of, (NAME OF COMMERCIAL FARM)				
			, Lot(s),			
	locat	ated at	COMMERCIAL FARM)			
		in the Municipality of,				
	in the	he County of				
3.	I her	ereby certify that:				
	a.	is <u>5 acres</u> or more, produces (NAME OF COMMERCIAL FARM) agricultural and/or horticultural products worth \$2,500 or more annually, and is eligible for differential property taxation pursuant to the Farmland Assessment Act of 1964. If your farm is farmland assessed, please attach a copy of the filed Farmland Assessment Form (including Supplemental Farmland Assessment Form) and Municipal Notice of Property Assessment for each tax lot.				
		(in the alternative that the com	nercial farm is less than 5 acres)			
	b.	agricultural and/or horticultural protherwise satisfies the eligibility of to the Farmland Assessment Act of a second of the sec	please provide proof that: 1) the land is st the last two (2) successive years, actively ltural use, and that 2) the amount of gross sales coducts produced on the land have averaged at year period, or there is clear evidence of d such payments amounting to at least \$500			

4. Please attach copies of receipts and tax forms (including Schedule F (Form 1040) – Profit or Loss from Farming) to provide proof of income.

Th	e following agricultural/horticultural commodities are produced on my farm:
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Ple	ease attach proof that the farm:
a.	is located in an area in which, as of December 31, 1997 or thereafter, agricultular has been a permitted use under the municipal zoning ordinance and is consisted with the municipal master plan, <u>OR</u>
b.	was in operation as of July 2, 1998.
	the best of my knowledge and belief, my agricultural operation is in compliance w relevant federal and state statutes, rules and regulations.
for inc	Inderstand that upon the board's written recommendation, the site-specific AMP will awarded to me, the State Agriculture Development Committee (SADC) and any other dividuals or organizations deemed appropriate by the board within 30 days of the commendation.
	nderstand that any person aggrieved by any decision of the board regarding the commendation of this site-specific AMP, including myself, may appeal the decision

the SADC in accordance with the provisions of the Administrative Procedure Act, N.J.S.A. 52:14B-1 et seq., and the Uniform Administrative Procedure Rules, N.J.A.C. 1:1, within 45 days from receipt of the board's final determination.

- a. The decision of the SADC shall be considered a final administrative agency decision.
- b. If the board's decision is not appealed within 45 days, the board's decision is binding.

DATED:	
	(SIGNATURE OF REQUESTOR)

Upon Completion, Mail this Application to:

Attn: Ms. Katherine Coyle Morris County Agriculture Development Board PO Box 900 Morristown, NJ 07963-0900 (973) 829-8120 Fax (973) 326-9025