

CLEAN & GREEN APPLICATION PART I

District _____ Map _____ Parcel _____

Property Location

Use for contiguous parcels only:

District _____ Map _____ Parcel _____

Property Location

District _____ Map _____ Parcel _____

Property Location

District _____ Map _____ Parcel _____

Property Location

The purpose of this law is to encourage the preservation of Agricultural Farm Land and Forest Land. Application is hereby made for preferential assessment of certain land, under the Pennsylvania Farm Land and Forest Land Assessment Act of 1974 for the tax year, beginning ____ / ____ / ____.

Applications are to be filed in person or by mail at the York County Assessment Office.

**York County Assessment Office
28 E. Market Street, Room 105
York, PA 17401-1585
Attention: Clean & Green**

The application must be completed and signed by **all legal owners as they appear on the deed.** Corporations must use their official seal and their authorized representative must sign the application.

After all questions are answered it must be notarized properly. Signatures must appear the **exact** same way throughout the application. Please be aware that the notary cannot overlap his/her seal and notary stamp, nor can the seal be written on.

The processing fee for the application is \$50.00. The recording fee is \$20.50 for one parcel and \$2.00 for every additional parcel being applied for. Please make check payable to **York County Clean and Green.**

Questions may be answered at the York County Assessment Office (717) 771 – 9232

FOR OFFICE USE ONLY:

FMV _____
C&G _____

TOTAL ACREAGE _____
CHECK NUMBER _____

AMOUNT _____

CLEAN AND GREEN VALUATION APPLICATION

Pennsylvania Department of Agriculture
January, 2000

ASSESSMENT OFFICE USE ONLY

District _____

Map _____

Parcel _____

TO BE FILED BY JUNE 1

DATE OF SUBMISSION: _____

APPLICATION – PENNSYLVANIA FARMLAND AND FOREST LAND ASSESSMENT ACT “CLEAN AND GREEN”

1. **Name:** _____
Last First M.I.

Last First M.I.

2. **Mailing Address:** _____
Street, R.D. or Box# County

City State Zip Code Phone

3. **The land for which application is being made is owned by (a/an) (Check one):**
A. Individual ____ B. Partnership ____ C. Corporation ____ D. Institution ____ E. Cooperative ____
F. Other (explain) _____

4. **Is the land in this application leased for minerals?** Yes ____ No ____

5. **The property is located in:** _____
School District

Township or Borough County

6. **Under which category do you intend to apply? Please indicate amount of acreage for each chosen category.**
Agricultural Use (AAO-83) _____ acres – Land in Ag production for at least 3 years preceding this application and is either 1) Comprised of 10 or more contiguous acres, if fewer than 10 acres is contiguous to an eligible tract of land 2) Anticipated yearly gross Ag production income of at least \$2,000 from the production of an Ag commodity
Agricultural Reserve (AAO-84) _____ acres – Land must be at least 10 continuous acres, non-commercial in use, and **must be open to the public for outdoor recreation and enjoyment.** Fees may not be charged for public access to the property. A sign must be posted on the property, in full view, welcoming the public onto the land.
Forest Reserve (AAO-85) _____ acres – Land containing 10 or more contiguous acres which is stocked with trees capable of producing annual growth of 25 cubic feet per acre.

7. **If you have documentation supporting soil types or timber types, such as a conservation plan or a forestry management plan, please supply copies of this information with your application. This is not, however, a requirement for submitting an application.**

8. **For any additional land you own which might be eligible for use-value assessment but for which you do not intend to apply, give acreage _____**

9. **Has the land represented on this worksheet been actively devoted to agricultural use for the past three years?**

Yes _____

No _____

10. **IN THE EVENT OF A CHANGE IN OWNERSHIP OF A PORTION OF THE LAND, OR OF ANY TYPE DIVISION OR CONVEYANCE OF THE LAND, THE APPLICANT HEREBY ACKNOWLEDGES THAT, IF HIS APPLICATION IS APPROVED FOR PREFERENTIAL ASSESSMENT, ROLL-BACK TAXES UNDER SECTION 5.1 OF THE ACT MAY BE DUE FOR A CHANGE IN USE OF THE LAND, A CHANGE IN OWNERSHIP OF ANY PORTION OF THE LAND, OR ANY TYPE OF DIVISION OR CONVEYANCE OF THE LAND.**

The applicant for preferential assessment hereby agrees, if his application is approved for preferential assessment, to submit thirty days notice to the county assessor of a proposed change in use of the land, a split-off portion of the land, or a conveyance of the land.

The undersigned declares that this application, including all accompanying schedules and statements, has been examined by him/her and to the best of his/her knowledge and belief is true and correct.

Print Owner(s) Name or Corporation Name

Signature of Owner(s) or Corporation Name

Date

Signature of Corporate Officer

Title

York County Assessor

Date

State of:

County of:

On this, the _____ day of _____, 20____, before me, the undersigned officer, personally appeared _____ known to me (or satisfactorily proven) to be the person whose name subscribed to the within instrument, and acknowledged that he executed the same for the purposes therein contained.

In witness whereof, I hereunto set my hand and official seal.

Notary

Date