

THE MONMOUTH COUNTY BOARD OF CHOSEN FREEHOLDERS

MONMOUTH COUNTY AGRICULTURE DEVELOPMENT BOARD



Request for Site Specific Agricultural Management Practice (AMP) Recommendation

Commercial Farm Operator: _____

Mailing Address: _____

Telephone Numbers: _____

Identification of Farm Management Unit:

Municipality	Block	Lot	Acres	Product/Operation	Start Date

Use additional sheet if necessary.

Annual Gross Receipts from Farm Management Unit Operation: \$_____

Describe in detail the specific activity you want the Monmouth County Agriculture Development Board to consider for development of a Site Specific AMP and note the location of the activity within your Farm Management Unit.

Please return this Request with the following documents (*check as attached*):

- _____ Most recently filed farmland assessment form(s)
- _____ Tax map showing location of products and activities for review
- _____ Certification Form (blank attached) completed, signed and notarized



**REQUEST TO MONMOUTH COUNTY AGRICULTURE DEVELOPMENT BOARD
FOR SITE SPECIFIC AGRICULTURE MANAGEMENT PRACTICE
RECOMMENDATION**

CERTIFICATION OF _____
(NAME OF COMMERCIAL FARM OWNER/OPERATOR)

(NAME OF COMMERCIAL FARM)

(ADDRESS OF COMMERCIAL FARM)

I, _____, hereby certify the following:

1. I am (one of) the owner(s)/operator(s) of _____.
(NAME OF COMMERCIAL FARM)

2. I am hereby requesting the Monmouth County Agriculture Development Board (MCADB) to determine if my operation constitutes a generally accepted agricultural operation or practice. The nature of my operation or practice is as follows:

3. I certify that _____ is five acres 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. A list of agricultural/horticultural commodities produced on the commercial farm is attached. If land is farmland assessed, a copy of the filed farmland assessment form(s) is (are) attached. If land is not farmland assessed, a copy of the tax map representing the farm acreage is attached.

OR

I certify that _____ is less than five acres, produces
(NAME OF COMMERCIAL FARM)
agricultural and/or horticultural products worth \$50,000 or more annually and otherwise satisfies eligibility criteria for differential property taxation pursuant to the Farmland Assessment Act of 1964. A list of agricultural/horticultural commodities produced on the commercial farm is attached. A copy of the tax map representing the farm acreage is attached.

4. I have attached proof that the farm:

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a) is located in an area in which, as of December 31, 1997 or thereafter, agriculture has been a permitted use under the municipal zoning ordinance and is consistent with the municipal master plan,

OR

b) was in operation as of July 2, 1998.

5. To the best of my knowledge and belief, my agricultural operation is in compliance with all relevant federal and New Jersey statutes, rules and regulations.

6. I understand that within 30 days of the MCADB's issuance of its written recommendation, it will forward the site specific agricultural management practice to me, the State Agriculture Development Committee (SADC) and any other individuals or organizations deemed appropriate by the MCADB.

7. I understand that any person aggrieved by any decision of the MCADB regarding the recommendation of this site specific agricultural management practice, including myself, may appeal the decision to 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.

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

Dated: _____ (Signature of Requestor)

(Individual Acknowledgment)

STATE OF NEW JERSEY, COUNTY OF _____ SS:

I CERTIFY that on _____ day of _____, 200__, _____ personally came before me and acknowledged under oath, to my satisfaction, that this person (or if more than one, each person):

- a) is named in and personally signed this document; and
b) signed, sealed and delivered this document as his or her act and deed.

(Print name and title below signature)

