

MONMOUTH COUNTY AGRICULTURE DEVELOPMENT BOARD

William Potter III
Chairman



Hall of Records Annex
2nd Floor
One East Main Street
Freehold, New Jersey 07728
732-431-7460

Request for Site Specific Agricultural Management Practice (AMP) Recommendation *Part 1 – Commercial Farm Determination Questionnaire*

Date: _____

Commercial Farm Operator: _____
Landowner (if Different): _____

Farm Address: _____

Mailing Address: _____

Telephone Number(s): _____

Email: _____

Identification of Farm Management Unit:

Municipality	Block	Lot	Acres	Agricultural Commodity Produced
Total Acreage				

Use additional sheet if necessary.

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

Total agricultural production income for:

Tax Year _____ = \$ _____

(You may wish to provide or be asked to provide data for additional years)

If you operate a farm market, what is the percentage of annual gross sales generated from items produced on your farm management unit? _____

What percentage of the sales area is devoted to the sale of agricultural output of the farm? _____%



Does the farm management unit receive differential farmland assessment taxation treatment? YES NO
 If no, are you eligible? YES NO If you are eligible but not farmland assessed please explain:

To enable us to evaluate consistency with the municipal zoning ordinance, please list the zone or zones in which the farm management unit is located.

Does this zone(s) permit agriculture? YES NO

If you are only seeking Commercial Farm certification at this time and not an SSAMP determination please explain why:

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

	Most recently filed FA-1 farmland assessment form(s).
	Tax map
	Site map showing location(s) of all agricultural production activities as well as ancillary and nonagricultural activities (You may use an aerial map, tax map, or existing survey as a base).
	Proof of agricultural production income in the form of sales receipts, an IRS Schedule F, or similar documentation.
	Proof that the farm was in operation as of July 2, 1998 or is located in an area in which, as of December 31, 1997 or thereafter, agriculture has been a permitted under the municipal zoning ordinance or is consistent with the municipal master plan.
	Notarized Commercial Farm Certification Form (see pages 5 & 6) completed, signed and notarized.

 Applicant Signature

 Date

Request for Site Specific Agricultural Management Practice (AMP) Recommendation
Part 2 – Agricultural Management Practices Questionnaire

Describe in detail the specific activity or activities you want the Monmouth County Agriculture Development Board to consider for development of a Site Specific AMP.

Describe any activities that take place on the farm management unit that are ancillary to the agricultural production activities or nonagricultural in nature (examples include horse boarding, storage of lawn maintenance equipment, etc.)

Please attach a site map that details the location of the agricultural production activities described above and the other activities that take place on site.

Are you seeking relief from any municipal ordinances? YES NO

If so, please explain:

Are any of the activities on the farm being disputed by neighboring property owners, the municipality or any other party? YES NO

If so, please provide further details:

Has the matter been heard in court? YES NO

If so, please provide further details about the proceedings including dates, outcomes, etc.

Would you be willing to participate in a free, voluntary mediation program that could help resolve the conflict?
YES NO
Please see attached for more information.

Is there another reason that you are seeking an SSAMP Recommendation from the Monmouth County Agriculture Development Board?

Does the farm have a conservation plan prepared by the USDA-Natural Resources Conservation Service (NRCS)?
YES NO
If yes, are you willing to provide a copy of the plan to the MCADB?
YES NO

Are you working with any other government agencies regarding the current or proposed activities on your farm (such as the NJ Department of Environmental Protection, NJ Department of Transportation, NJ Department of Agriculture, or Monmouth County Division of Engineering)?
If so, please explain:

Please return this request with the following documents not already covered in Part 1 (*check as attached*):

	Site plans related to proposed new structures
	USDA-NRCS Conservation Plan (if one exists and you choose to submit)
	Animal waste management plan (if relevant)
	Forest Management Plan

Applicant Signature

Date

Request for Site Specific Agricultural Management Practice (AMP) Recommendation
Part 3 – Notarized Commercial Farm Certification Form

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. For full SSAMP requests: 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 and agricultural activities are correctly listed on the attached Commercial Farm Determination Questionnaire and/or Agricultural Management Practice Questionnaire.
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 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. I have attached proof of my agricultural production income.

4. I have attached proof that the farm:
 - 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 as per Right to Farm regulations, written notice of this request shall be given by the commercial farm, at its sole expense, via certified mail, return receipt requested, and/or by personal service, to: 1) the clerk and land use board secretary of the municipality in which the commercial farm is located; including any adjoining municipalities if located within 200'; 2) the owners of all real property within 200 feet in all direction of the property; 3) the SADC; 4) the county planning board if the commercial farm is located on property adjacent to a county road or county-owned property; 5) the Commissioner of the New Jersey Department of Transportation, if the commercial farm is located on a State highway; and 6) the public, by publication in the official newspaper of the municipality, if there is one, or in a newspaper of general circulation in the municipality.
7. I understand that within 30 days of the MCADB's issuance of its written recommendation, it will forward the relevant resolution(s) to me, the State Agriculture Development Committee (SADC) and any other individuals or organizations deemed appropriate by the MCADB.
8. I understand that any person aggrieved by any decision of the MCADB regarding a commercial farm determination or recommendation of a 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 _____, 201_, _____ 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)