



**AGRICULTURAL DATA STATEMENT**

**Washington County Planning Agency General Municipal Law §239-M Referrals**

Municipality: \_\_\_\_\_ Date: \_\_\_\_\_

**Instructions:** This form must be completed for any application requiring municipal review for Special Use Permit, Site Plan Approval, or Use Variance that is proposed to occur on property within 500 feet (500') of a farm operation located in an Agricultural District (Section 283-a of Town Law or 7-739 of Village Law).

**PART I (completed by Applicant)**

Applicant

Owner, if different from Applicant

Name: _____	Name: _____
Address: _____	Address: _____
Phone #: _____	Phone #: _____
Email: _____	Email: _____

1. Type of Application:  Site Plan Approval       Special Use Permit       Use Variance
2. Description of Project (purpose, acreages involved, etc.) \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

3. Location of Project: Address: \_\_\_\_\_  
Tax Map Number(s) \_\_\_\_\_

4. Is this parcel actively farmed?  YES       NO    If yes, principle farm type \_\_\_\_\_
5. Is this parcel within an Agricultural District?  YES       NO (Check with your local assessor)
6. List all farm operations within 500 feet of your parcel. (Check with your local assessor)

Name: _____	Name: _____
Address: _____	Address: _____
Tax Map Number(s) _____	Tax Map Number(s) _____
Agricultural District: <input type="checkbox"/> YES <input type="checkbox"/> NO	Agricultural District: <input type="checkbox"/> YES <input type="checkbox"/> NO
Parcel Actively Farmed: <input type="checkbox"/> YES <input type="checkbox"/> NO	Parcel Actively Farmed: <input type="checkbox"/> YES <input type="checkbox"/> NO
Name: _____	Name: _____
Address: _____	Address: _____
Tax Map Number(s) _____	Tax Map Number(s) _____
Agricultural District: <input type="checkbox"/> YES <input type="checkbox"/> NO	Agricultural District: <input type="checkbox"/> YES <input type="checkbox"/> NO
Parcel Actively Farmed: <input type="checkbox"/> YES <input type="checkbox"/> NO	Parcel Actively Farmed: <input type="checkbox"/> YES <input type="checkbox"/> NO
Name: _____	Name: _____
Address: _____	Address: _____
Tax Map Number(s) _____	Tax Map Number(s) _____
Agricultural District: <input type="checkbox"/> YES <input type="checkbox"/> NO	Agricultural District: <input type="checkbox"/> YES <input type="checkbox"/> NO
Parcel Actively Farmed: <input type="checkbox"/> YES <input type="checkbox"/> NO	Parcel Actively Farmed: <input type="checkbox"/> YES <input type="checkbox"/> NO

Attach a separate sheet if necessary.  
Attach tax map(s) showing the site of the proposed project relative to the location of the farm operation(s) identified above.

\*To create a map use GIS Web Map/Washington County: <https://washingtoncountyny.gov/270/GIS-Web-Map>

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**PART II (completed by Municipal Clerk)**

Municipal Clerk **must** send Notice of the Project to the above farm operations by Return Receipt/Certified Mail. The applicant **must** pay for all postage costs. Return receipts must be presented to the Municipal Review Board.

Date Notice(s) Sent: \_\_\_\_\_

\_\_\_\_\_  
Signature of Clerk

\_\_\_\_\_  
Signature of Applicant

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**PART III (completed by Municipal Review Board)**

1. The municipal review board **shall** evaluate and consider this agricultural data statement in its review of the possible impacts of the proposed project upon the functioning of farm operations listed above within such agricultural district.

Reviewed by:

\_\_\_\_\_  
Signature of Municipal Official

\_\_\_\_\_  
Date

2. **All** applications requiring an Agricultural Data Statement **must** be referred to the Washington County Planning Agency in accordance with amended Section 239-m of the General Municipal Law. A copy of this completed Agricultural Data Statement must be submitted along with the referral to the County Planning Department.

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Notice of Referral to Washington County Planning Agency – Date Sent: \_\_\_\_\_