

# AGRICULTURAL DATA STATEMENT

Per § 305-a of the New York State Agriculture and Markets Law, any application for a special use permit, site plan approval, use variance, or subdivision approval requiring municipal review and approval that would occur on property within a New York State Certified Agricultural District containing a farm operation or property with boundaries within 500 feet of a farm operation located in an Agricultural District shall include an Agricultural Data Statement.

A. Name of applicant: \_\_\_\_\_  
Mailing address: \_\_\_\_\_  
\_\_\_\_\_

B. Description of the proposed project: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

C. Project site address: \_\_\_\_\_ Town: \_\_\_\_\_

D. Project site tax map number: \_\_\_\_\_

E. The project is located on property:  
 within an Agricultural District containing a farm operation, or  
 with boundaries within 500 feet of a farm operation located in an Agricultural District.

F. Number of acres affected by project: \_\_\_\_\_

G. Is any portion of the project site currently being farmed?  
 Yes. If yes, how many acres \_\_\_\_\_ or square feet \_\_\_\_\_?  
 No.

H. Name and tax parcel identification number or address of any owner of land containing farm operations within the Agricultural District and is located within 500 feet of the boundary of the property upon which the project is proposed.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I. Attach a copy of the current tax map showing the site of the proposed project relative to the location of farm operations identified in Item H above. Web-mapping available at [tinyurl.com/MapOrleans](http://tinyurl.com/MapOrleans).

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**FARM NOTE**  
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Prospective residents should be aware that farm operations may generate dust, odor, smoke, noise, vibration and other conditions that may be objectionable to nearby properties. Local governments shall not unreasonably restrict or regulate farm operations within State Certified Agricultural Districts unless it can be shown that the public health or safety is threatened.  
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\_\_\_\_\_  
Name and Title of Person Completing Form Date