

Ulster County Agricultural and Farmland Protection Board

2024 AGRICULTURAL DISTRICT INCLUSION APPLICATION

This application is to be completed by landowners who would like their lands proposed for inclusion within a New York State (NYS) Certified Agricultural District. The Ulster County Planning Department will not accept applications before March 1, 2024. Mailed applications must be received no later than March 30, 2024. Mail to Burt Samuelson, Ulster County Planning Dept., 244 Fair Street, P.O. Box 1800, Kingston, NY 12402-1800. E-mailed applications can be sent to Burt Samuelson at bsam@co.ulster.ny.us, and must be received by March 30, 2024 at 11:59 pm EST.

LANDOWNER INFORMATION

Name(s) Debra Ann Romano

Location Address 5155 State Rt 213

Town/Village/City Olivebridge

Zip 12461

Mailing Address _____ Municipality _____ State _____ Zip _____
(if different from location address in this application)

Telephone # 845-657-6076 Cell Phone # _____

Email Address Debra@AshokanEquestrianCenter.org

1. Who is the primary contact person(s) for this application? Debra Ann Romano

2. Which best describes the landowners in this application? (check only one):

- Farmer
- Non-Farmer Renting to a Farmer
- Both Farming and Renting to a Farmer

ASSIGNMENT TO AGRICULTURAL DISTRICT			
To be completed by Ulster County Planning Dept. Staff			
1	2	3	4

3. List any deed restrictions or easements on the property.

N/A

ITEMS TO INCLUDE WITH YOUR APPLICATION

Attach a copy of the Tax Map for all parcels to be included.

A brief description of the property is recommended, but not required.

For ownership under a corporate entity, please supply a copy of the article of organization, article of incorporation or other such document issued by a state government.

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FARM DESCRIPTION

Farm Enterprise	
(Check all that apply)	
Dairy	<input checked="" type="checkbox"/>
Field Crops (hay/corn)	<input type="checkbox"/>
Vegetables	<input checked="" type="checkbox"/>
Orchard	<input type="checkbox"/>
Vineyard	<input type="checkbox"/>
Livestock (specify below)	<input checked="" type="checkbox"/>
Mini-Ponies (501c3)	
Nubian Dairy Goats	

Farm Enterprise	
(Check all that apply)	
Poultry	<input checked="" type="checkbox"/>
Horticulture Specialties	<input type="checkbox"/>
Maple Sap	<input type="checkbox"/>
Christmas Trees	<input type="checkbox"/>
Aquaculture	<input type="checkbox"/>
Other (specify below)	<input type="checkbox"/>

Estimated Annual Gross Farm Sales	
(Check one)	
Below \$10,000	<input checked="" type="checkbox"/>
\$10,000 to \$39,999	<input type="checkbox"/>
\$40,000 to \$99,999	<input type="checkbox"/>
\$100,000 to \$199,999	<input type="checkbox"/>
\$200,000 to \$499,999	<input type="checkbox"/>
Over \$500,000	<input type="checkbox"/>

4. How many acres is the parcel or parcels requested for inclusion?

3

5. How many acres are cropped?

0.5

6. How many acres are rented to a farmer?

0

Capital Investments Over Past 7 Years	
(Check one)	
Below \$10,000	<input type="checkbox"/>
\$10,000 to \$39,999	<input checked="" type="checkbox"/>
\$40,000 to \$99,999	<input type="checkbox"/>
\$100,000 to \$199,999	<input type="checkbox"/>
Over \$200,000	<input type="checkbox"/>

FOR LANDOWNERS RENTING TO A FARMER

If the landowner(s) rent to a farmer, please provide the farmer's name, address and phone number:

N/A

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BOUNDARY DESCRIPTION

List tax ID numbers (SBL- Section Block Lot) for parcels that you wish to be in an Agricultural District.

A. List all parcels that you farm:

<u>SBL</u>	<u>Town/Village</u>	<u>Name(s) of Owner</u>	Receives Ag. Tax Exemption Assessment? (check box)	
54.1-1-5	Olive	Debra Ann Romano	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
_____	_____	_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
_____	_____	_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
_____	_____	_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
_____	_____	_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
_____	_____	_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
_____	_____	_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
_____	_____	_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
_____	_____	_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
_____	_____	_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>

B. List all parcels that you rent or partially rent to a farmer:

<u>SBL</u>	<u>Town/Village</u>	<u>Name(s) of Owner</u>	Receives Ag. Tax Exemption Assessment? (check box)	
N/A	_____	_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
_____	_____	_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
_____	_____	_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
_____	_____	_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
_____	_____	_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
_____	_____	_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
_____	_____	_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
_____	_____	_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
_____	_____	_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
_____	_____	_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>

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By signing this application, you agree to a site visit of the property requested for inclusion into a state certified agricultural district. Staff from the Ulster County Planning Department and Cornell Cooperative Extension of Ulster County conducts these site visits. Landowners or their representatives will receive information from the Ulster County Planning Department about scheduling a site visit. Failure to participate in a site visit may result in the Ulster County Agricultural and Farmland Protection Board concluding that the information available to it does not warrant a recommendation for adding the property into a state certified agricultural district.

I / we request the inclusion of the above identified land into a NYS Certified Agricultural District.
(ALL PROPERTY OWNERS MUST SIGN. ATTACH ADDITIONAL SHEETS IF NECESSARY.)

Landowner Signature:  Date: 03/01/2024

Print Name: Debra Ann Romano

Landowner Signature: _____ Date: _____

Print Name: _____

Landowner Signature: _____ Date: _____

Print Name: _____

Landowner Signature: _____ Date: _____

Print Name: _____

Landowner Signature: _____ Date: _____

Print Name: _____