

TOWN OF NORTH EAST ZONING BOARD OF APPEALS
North East Town Hall
19 North Maple Avenue
PO Box 516
Millerton, NY 12546
518-789-3300 x607

File #: _____

AGRICULTURAL DATA STATEMENT

In accordance with Section 283-a of the New York State Town Law, the Town of North East will use the data in this statement to assist in evaluating the impacts of proposed development projects on farm operations in Agricultural Use Districts.

The Planning Board shall mail this Agricultural Data Statement to the Dutchess County Farmland Preservation Board, as well as owners of land as identified below. The cost of mailing this notice shall be borne by the applicant.

Name of Applicant: _____

Mailing Address: _____

Phone Number: _____

Project Location: _____

Tax Parcel Grid Number: _____

(section) (block) (lot)

Number of total acres involved with the project: _____

Description of the proposed project: _____

Is any portion of the subject site currently being farmed?

YES

NO

If so, how many acres?

Give a brief description of current agricultural activities on the site:

Identify who is farming the subject site: _____

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Does this person OWN or RENT the land. (Please check only one.)

The slope of this site is ROLLING STEEP FLAT

Indicate what the intentions are for use of the remainder of the property:

Who will maintain the remainder of the property not being used for this development?

Other Project Information: (include information about the existing land cover of the site, any known impacts on existing storm-water drainage (including field tiles), any soil conservation efforts, or other significant plant materials)

Include a copy of the original parcel from the Town of North East's Tax Maps including the names of the adjacent farm owners. Identify the site of this application by placing an "X" on the site.

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FOR TOWN OF NORTH EAST ZONING BOARD OF APPEALS USE ONLY

Has this Agricultural Data Statement been referred to the County Planning Agency?

YES                      NO

If YES, date of Referral: \_\_\_\_\_

County Referral Number: \_\_\_\_\_

If NO, reason: \_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
Town of North East Zoning Board of Appeals