

CATTARAUGUS COUNTY AGRICULTURAL DISTRICT NO. 5 INCLUSION WORKSHEET

INSTRUCTIONS (To be completed by landowner)

1. Complete and sign application.
2. Return to Cattaraugus County Planning (address below) by the January 31st deadline.

This worksheet is to be completed by land owners who wish to add parcel(s) of predominantly viable agricultural land within Cattaraugus County Agricultural District 5. This worksheet, accompanied by a copy of a map, which included the parcel(s) identified by tax number, must be received no later than January 31, 2026 in the offices of the Cattaraugus County Department of Economic Development, Planning and Tourism at the address below.

PART I LANDOWNER DESCRIPTION

Name _____

Mailing Address _____

City/Town/Village _____ State _____ Zip _____

Daytime Phone (____) _____ E-mail Address _____

PART II PROPERTY DESCRIPTION

Tax Parcel ID	Street Address	Municipality	Size (Acres)
<i>100.10.1-1.01</i>	<i>1 Sample Street</i>	<i>Anytown</i>	<i>101.1 Acres</i>

Describe the current agricultural or non-agricultural activity the parcel(s) is being used for:

PART III SIGNATURE

I/we attest that the above information is correct to the best of my knowledge and hereby officially request that my property be considered for a modification to Cattaraugus County Agricultural District 5. I/we recognize that such lands, once officially added to the Agricultural District, may not be removed until the next eight-year review. I/we recognize that such lands, once officially removed from the Agricultural District will no longer receive benefits and protections associated with Agricultural Districts. I/we understand that this is not an application for an agricultural tax assessment. The Agricultural Value Assessment is a separate program. I/we also acknowledge that this request is subject to review by the Cattaraugus County Agricultural and Farmland Protection Board, a public hearing, action by the Cattaraugus County Legislature, and certification by the NYS Department of Agriculture and Markets.

Signature _____

Date _____

Please return this form to:

Cattaraugus County EDPT
207 Rock City Street Little Valley, NY 14755