



Somerset County Farmland Preservation Program

Right to Farm Disputes - Commercial Farm Certification

County Use Only

Application Number: _____

Date Received: _____

Farm Name: _____

Name of Farm Operator: _____

Name of Land Owner: _____

Municipality: _____

Block/Lot: _____

I, _____, hereby certify the following:
(farm operator)

1. I am (one of) the owner(s)/operators of _____
(name of commercial farm)

2. I have filed or intend to file with the Somerset County Agriculture Development Board (SCADB):

_____ a request for the SCADB to determine if my operation constitutes a generally accepted agricultural operation or practice; or

_____ applying for a hearing on a Right to Farm dispute: or

_____ zoning request for a structure.

The nature of my operation or practice is as follows:



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3. I certify that my farm, _____
(name of commercial farm)

_____ is five acres or more, produces agricultural and/or horticultural products worth \$2,500 or more annually, and is eligible for differential property taxation pursuant to the Farmland Assessment Act of 1964.

Please attach the following:

- a list of agricultural/horticultural commodities produced on the commercial
- a copy of the filed farmland assessment form(s)
- tax map representing the farm acreage

_____ is less than five acres, produces agricultural/horticultural products worth \$50,000 or more annually and otherwise satisfies the eligibility criteria for differential property taxation pursuant to the Farmland Assessment Act of 1964.

Please attach the following:

- a list of agricultural/horticultural commodities produced on the commercial
- a copy of the filed farmland assessment form(s)
- tax map representing the farm acreage

4. I have attached proof that the farm:

_____ is located in an area in which, as of December 31, 1997 or thereafter, agriculture has been a permitted use under the municipal zoning ordinance and is consistent with the municipal master plan, OR;

_____ was in operation as of July 2, 1998.

5. To the best of my knowledge and belief, my agricultural operation is in compliance with all relevant Federal and State statutes, rules, and regulations.

6. I understand that within 30 days of the Board's issuance of its written recommendation, it will forward its decision to me, the State Agriculture Development Committee (SADC), and any other individuals or organizations deemed appropriate by the Board.

7. I understand that any person aggrieved by any decision of the Board, regarding this recommendation, may appeal the decision to the SADC in accordance with the provisions set forth in the Administrative Procedure Act, N.J.S.A. 52:14B-1 et seq., and the Uniform Administrative Procedure Rules, N.J.A.C. 1:1, within 45 days from the receipt of the Board's final determination.

Note: *The decision of the SADC shall be considered a final administrative agency decision. If the Board's decision is not appealed within 45 days, the Board's decision is binding.*

Signature of Farm Operator/Owner

Date Signed

Print Name Clearly