

Agricultural Assessment Application Procedure

1. Contact local assessor to determine eligibility
2. Make an appointment with the SWCD to identify land that will be enrolled in the Agricultural Assessment Program (all work completed by the SWCD is in office – no field visit included)
 - Farmland to be enrolled in the program will be classified by soil productivity
 - District staff will plot each parcel of the farm on a soil map & calculate the acreage in each soil group
 - Landowner should outline woodland areas and ineligible areas
 - Staff will record the information on a Soil Group Worksheet (Form APD-1)
 - Landowner will be given two copies of the soils map and Soil Group Worksheet
3. Landowner will transfer this information to Form RP-305 (Application for an Agricultural Assessment)
4. Landowner submits the completed RP-305, soil group worksheet, and soils map to the assessor by taxable status date. (In most towns this is March 1st)
5. Landowner must file an application each year with the local assessor – after the initial application a short form application (RP-305-r) may be used if there have been no changes since the previous year's application.

Albany County Soil and Water Conservation District
24 Martin Road, Voorheesville, NY 12186
518-765-SWCD

Soil Group Worksheet Request Form

Complete one of these request forms for each soil group worksheet requested (each tax parcel requires a separate worksheet). **A \$25 fee per worksheet must accompany requests.** An appointment is necessary to insure staff availability.

Before having a soil group worksheet completed by the District, contact your local assessor to ensure that you are eligible.

Landowner's Name (Include Middle Initial): _____

Landowner's Mailing Address : _____

Phone Number (Day): _____

Property Address - Street: _____ Town: _____

Has this parcel been filed before? Y / N / Unsure If yes, by what name? _____

Is this parcel in an Ag. District? Y / N / Unsure

Operator/Renter of Parcel (if different from landowner): _____

Operator/Renter Phone Number (Day): _____

Acres of Parcel (as stated on your tax bill): _____

Tax ID number on parcel (as stated on your tax bill): _____
(Pattern = xx.xx-x-xx.xx)

I _____ accept the District's \$25 fee per parcel and will pay this fee prior to receipt of paperwork.

Signature

For Office Use Only

Date Request Received: _____ \$25 fee paid: Cash/Check (#) _____
Date Request Completed: _____
Request Completed By: _____