



APPLICATION FOR AGRICULTURAL USE ASSESSMENT

ACCOUNT _____ DISTRICT _____ MAP _____ PARCEL _____ LOT _____ TOTAL ACREAGE _____

- 1. Name of owner(s): _____
2. Is owner age 70 or older? No [] Yes [] Is Owner Disabled? No [] Yes [] If yes, complete the Agricultural Disability Waiver
3. Property Address: _____ Mailing Address: _____
4. Telephone Number: _____ Email _____
5. Total acreage requested at the preferential agricultural use assessment (excluding any homesites): _____
Acreage in crops or ornamental horticulture: _____ Type of crops: _____
Acreage in pasture: _____ Acreage and type of aquaculture: _____
Number and type of livestock or poultry: (i.e. 3 cattle [specify beef or dairy], 10 sheep): _____
Acreage in a government program (i.e. CRP, Forest Plan): _____ Acreage in woodland: _____
Name of private or governmental forestry program that the tract is under: _____
6. Amount of last harvest for each crop or ornamental trees, shrubs, plants: _____
7. Gross sales last year if farm is under five (5) acres:
A. Crops / Ornamental Horticulture: \$ _____ B. Livestock: \$ _____ C. Livestock Products: \$ _____
D. Poultry / Poultry Products: \$ _____ E. Aquaculture: \$ _____ F. Other; Specify: _____ \$ _____
8. Name and address of person conducting farm operation if other than owner: _____
9. Is this acreage adjacent to other farm property which you own, or which is owned by an immediate family member?
Yes [] No [] If yes, give Name of family member: _____
Relationship: _____ Property address: _____
10. Did you complete Schedule F in your Federal Income Tax Return? Yes [] No []
11. Is there a current, written Nutrient Management Plan covering the land at issue? Yes [] No []
If no, will a plan be created: Yes [] No [] Approximate date of obtaining a plan: _____
Question #11 is for use by the Department of Agriculture: nm.sdat@maryland.gov

By signing below, I hereby affirm under the penalties of perjury that I have authority to bind a controlling majority of the ownership of the property described above to the terms of the Agricultural Use Assessment. I certify that the above statements on this application are true and correct and that I understand it is the owner's responsibility to notify the Supervisor of Assessments if agricultural use of the land described above is discontinued.

Signature of Owner: _____ Date: _____

CAUTION: A transfer of any portion of the above-described land may require imposition of an agricultural transfer tax. SEE Maryland Annotated Code, Tax Property Article §13-301 through §13-308.

This form seeks information for the purpose of an agricultural use assessment on the indicated property. Failure to provide this information will result in denial of your application. However, some of this information would be considered a "personal record" as defined in Maryland Annotated Code, General Provisions Article, §4-501. Consequently, you have the statutory right to inspect your file and to file a written request to correct or amend any information you believe to be inaccurate or incomplete. Additionally, personal information provided to the State Department of Assessments and Taxation is not generally available for public review. However, this information is available to officers of the State, county, or municipality in their official capacity and to taxing officials of any State or the federal government, as provided by statute. Additionally, if your property would be used by the State Department of Assessments and Taxation as a comparable for purposes of establishing the value of another property in a hearing before the Maryland Tax Court, the requested information or a portion thereof, may have to be provided to the owner of that other property.

Submit to the appropriate office where the property is located; a list of offices is attached.