

AGRICULTURAL DATA STATEMENT

AGRICULTURAL DISTRICTS: If this property is within an agricultural district containing a farm operation or within 500 feet of a farm operation located in an agricultural district, please note:

- Referral to Ulster County Planning Dept. is required for all applicants filing AD Statement.
- A disclosure Statement, in the form set below, must be inscribed on all site plan maps prior to the affixing of a stamp of approval, whether or not the Planning Board specifically requires such a statement as a condition of approval.

Prior to the sale, lease, purchase, or exchange of property on this site which is wholly or partially within or immediately adjacent to or within 500 feet of a farm operation, the purchaser or lessee shall be notified of such farm operation with a copy of the following notification.

“It is the policy of this State and this community to conserve, protect and encourage the development and improvement of agricultural land for the production of food, and other products, and also for its natural and ecological value. This notice is to inform prospective residents that the property they are about to acquire lies partially or wholly within an agricultural district or within 500 feet of such a district and that farming activities occur within the district. Such farming activities may include, but not be limited to, activities that cause noise, dust and odors.”

CERTIFICATE OF FLOOD HAZARD AREA DEVELOPMENT.

See Section 121 of Town Code.

I _____ hereby certify that the property or properties mentioned in this application is/are not located in a flood zone.

Signature

PLEASE NOTE:

***IF PROPERTY IS NOT LOCATED IN A FLOOD ZONE, PLEASE SIGN ABOVE VERIFYING SUCH. RETURN THIS FORM WITH PLANNING BOARD APPLICATION**

****IF PROPERTY IS LOCATED IN A FLOOD ZONE, PLEASE OBTAIN COMPLETE APPLICATION FROM PLANNING BOARD SECRETARY.**

AGENT/OWNER PROXY STATEMENT
(for professional representation)

for submittal to the:
TOWN OF GARDINER PLANNING BOARD

_____, deposits and says that he resides
(OWNER)

at _____ in the County of _____
(OWNER'S ADDRESS)

and State of _____ and that he is the owner of property tax map
(Sec. _____ Block _____ Lot _____)
designation number (Sec. _____ Block _____ Lot _____) which is the premises described
in the foregoing application and that he designates:

(Agent Name & Address)

(Name & Address of Professional Representative of Owner and/or Agent)

as his agent to make the attached application.

***THIS DESIGNATION SHALL BE EFFECTIVE UNTIL WITHDRAWN BY THE OWNER
OR UNTIL TWO (2) YEARS FROM THE DATE AGREED TO, WHICH EVER IS
SOONER.***

SWORN BEFORE ME THIS:

** _____
Owner's Signature (MUST BE NOTARIZED)

_____ DAY OF _____ 20__)

Agent's Signature (If Applicable)

NOTARY PUBLIC

Professional Representative's Signature

****PLEASE NOTE: ONLY OWNER'S SIGNATURE MUST BE NOTARIZED.**

**THIS PROXY SHALL BE VOID TWO (2) YEARS AFTER AGREED TO BY THE
OWNER**