



DELAWARE AGRICULTURAL LANDS PRESERVATION FOUNDATION

2320 S. DuPont Highway, Dover, 19901
(302)698-4530 de.gov/aglands

Agricultural Lands Preservation Program Application

Which program are you applying for (circle one)? Agricultural Land Forestland

Are you purchasing this land? **Circle "Contingent" if yes and ensure Section A is completed.** Contingent

Date: _____

Project ID # _____
(Aglands Staff Use Only)

Section A.

This section is only for applicants submitting a contingent application. For all other applications, skip to **Section B.**

Seller(s) Name: _____ Phone Number: _____

Seller(s) Address: _____

Seller(s) Attorney: _____

Buyer(s) Name: _____ Phone Number: _____

Buyer(s) Address: _____

Buyer(s) Attorney: _____

Section B.

Name of Petitioner(s): _____
(All Fee Simple Owners of Record)

Mailing Address: _____

Primary Contact Person: _____ Preferred Contact #: _____

Email Address: _____

Farm Location: New Castle Kent Sussex

Tax Parcel Number(s): _____

Total Residential Acres: _____

Is this land zoned for Agricultural Use? ____ Yes ____ No
(Call County Planning for Zoning Designation)

Type of Farm Operation: Cropland Timber Animal

of Dwelling Units: ____ Occupant's Name(s) & Relationship _____

Easements/Rights-of-Way (if any): _____

If applying for Forestland Preservation, is there a Forest Management Plan prepared by a professional? ____Yes ____No

If Yes, what is the date of the plan and name of the Forester?

____ Is any portion of the Proposed District/Expansion subject to subdivision? ____Yes ____No

Is the property land locked? (no road frontage) ____Yes ____No If Yes, please provide access rights documentation.

District/Expansion name you would prefer: _____

Do you wish to have your farm appraised for the next round of Aglands Easement Selections?
____Yes ____No

Is this farm currently in the Farmland Assessment Program? _____Yes _____No
(If you are unsure if this farm is in the Farmland Assessment Program, Contact your County Assessment Office.)

For Application review purposes only, the Foundation requests additional information regarding the sales of products grown on your farm. Please indicate which of the following best applies to the farm you applying for preservation. **The average over the past two years of gross sales (simply indicate overall sales in dollars, do not refer to gross profit) from this property is:**

____ Less than \$1,000	____ \$1,000 - \$4,999	____ \$5,000 - \$9,999
____ \$10,000 - \$24,999	____ \$25,000 - \$49,999	____ \$50,000 - \$99,999
____ \$100,000 - \$499,999	____ \$500,000 or more	

I/We, understand that if the property is determined to be eligible and is approved for inclusion in an Agricultural Lands Preservation District, that failure to sign (and have notarized) a District Agreement within 30 days of submittal by the Foundation may result in elimination of the property from inclusion in the Agricultural Lands Preservation Program and possible future considerations of the property for eligibility.

Applicant Signature: _____ **Date:** _____

Instructions for submission:

Applications can be received via mail or email. If submitting via mail, send the printed application to the following address:

Aglands Preservation Program
2320 South Dupont Highway
Dover, DE 19901

To send via email, scan the printed copy or (if it was filled it out on the computer) attach it to an email to the following email address: aglands@delaware.gov