

COMMONWEALTH OF MASSACHUSETTS

TOWN OF CHARLEMONT

61A

FISCAL YEAR 20\_\_

**AGRICULTURAL OR HORTICULTURAL LAND CLASSIFICATION**  
**GENERAL LAWS CHAPTER 61A §6**

INSTRUCTIONS: Complete all sections that apply. Please print or type.

\_\_\_\_\_ **CONTACT PERSON** \_\_\_\_\_ **TELEPHONE #**

1. **IDENTIFICATION** Complete this section fully.

Name of applicant(s) \_\_\_\_\_

Mailing address \_\_\_\_\_

2. **Property Covered by Application:** Please List the information for up to 5 lots in the grid below.

Map & Lot	Location		# of Acres						
			Vegetables Tobacco Sod Nursery	Dairy, Forage Crops, Field Crops	Orchards, Vineyards	Cranberries	Christmas Trees, Productive Woodland	Contiguous Non-productive Land	Permanent Pasture, Necessary Related Land,
		Acres on Record							
		Corrections							
		Acres on Record							
		Corrections							
		Acres on Record							
		Corrections							
		Acres on Record							
		Corrections							
		Acres on Record							
		Corrections							

3. **STATEMENT OF FARM INCOME IN PRECEDING YEAR.** Supporting documentation, including copies of your federal and state income tax returns, may be requested to verify your income.

- A. Gross Sales From Agricultural or Horticultural Use \$ \_\_\_\_\_
- B. Amount Received Under MA or US Soil Conservation or Pollution Abatement Program \$ \_\_\_\_\_
- \$ \_\_\_\_\_ **Total**

Provide a detailed description of the source of the farm income listed above.

4. **PREVIOUS USE OF LAND.** Was the land valued, assessed and taxed as classified agricultural or horticultural land under Ch. 61A for the prior two fiscal years? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, was the use of the land during the prior 2 fiscal years the same as the current use described above? Yes  No

If no, describe in detail the use of the land during the prior 2 fiscal years.

\_\_\_\_\_

If no, was your farm income during either of the prior 2 fiscal years less than the amount reported above? Yes  No

If yes, list the income for that year \$ \_\_\_\_\_ Fiscal Year \_\_\_\_\_

5. **LESSEE CERTIFICATION.** If any portion of the property is leased, the following statement must be signed by each lessee. I hereby certify that the property I lease is being used as described in this application and that I intend to use the property in that manner during the period to which this application applies.

Lessee
Date

\_\_\_\_\_

\_\_\_\_\_

6. **SIGNATURE.** All owners must sign here to complete the application. This application has been prepared or examined by me. Under the pains and penalties of perjury, I declare that to the best of my knowledge and belief, it and all accompanying documents and statements are true, correct and complete.

I also certify that I have received a copy of the Property Owner’s Acknowledgement of Rights and Obligations under the Classified Agricultural and Horticultural Land Program as part of this application and that I have read and I understand it.

Owner
Date

\_\_\_\_\_

\_\_\_\_\_

\*If signed by agent, attach copy of written authorization to sign on behalf of taxpayer

DISPOSITION OF APPLICATION (FOR ASSESSORS' USE ONLY)			
<input type="checkbox"/> OWNERSHIP	<input type="checkbox"/> ALL	GRANTED	DATE VOTED/DEEMED
	<input type="checkbox"/> PART		DATE NOTICE SENT
<input type="checkbox"/> MINIMUM ACRES	<input type="checkbox"/> DEEMED	DENIED	BOARD OF ASSESSORS
<input type="checkbox"/> USE/CONDITION			
<input type="checkbox"/> GROSS SALES	<input type="checkbox"/> ALL		
	<input type="checkbox"/> PART		
	<input type="checkbox"/> DEEMED		
			DATE