61A

COMMONWEALTH OF MASSACHUSETTS TOWN OF CHARLEMONT

Date Received

FISCAL YEAR 20____

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

CONTACT PI				PERSON			TELEPHONE #					
1.	IDENTIFICATION: Complete this section fully.											
	Name of appl	icant(s)										
	Mailing addre	ess										
2.	PROPERTY (COVERED BY	APPLICAT	ION: Pleas	e list inforr	nation for up	to 5 lots bel	ow.				
		1		Enter # of Acres								
_ocatio	on/Address	Assessor's Map/Lot	Deed Book/Page	Vegetabl es, Tobacco Sod Nursery	Dairy, Hay, Forage, Crops	Orchards, Blueberries	Vineyards	Non- product./ Waste Land	Perm. Pasture, Necessary Related Land	Productiv Woodland Christma Trees		
		·	3		31000					11000		
3.	STATEMENT							on, includ	ing copies of	of your		
	federal and st		•	•		fy your incon	ne.	A				
		es from agricu eceived under				ollution abate	ement progr					
	Provide a deta	ailed descripti	on of the sou	rce of the f	arm incom	e listed abov		tal: \$				
	110,140 6 600		011 01 0110 00 01	01 410 1		. 113 .0 u u 00 v						
4.	PREVIOUS U	ISE OF LAND	Was the lar	nd valued a	accecced ar	nd taxed as al	accified agr	ricultural c	or horticulti			
	land under Ch	n. 61A for the	prior two fisc	eal years?	Yes □ No							
	o, was use of to o, describe in						ent use desc	cribed abo	ve? Yes □	No □		

5.	LESSEE CERTIFICATION. If any portion of the each lessee.	property is leased, the following statement must be signed by
	ereby certify that the property I lease is being used a perty in that manner during the period to which this	as described in this application and that I intend to use the sapplication applies.
		Date
Les	ssee	
	ssee	Date
Le	ssee	
	knowledge and belief, it and all accompanying doo I also certify that I have received a copy of the Pro	penalties of perjury, I declare that to the best of my cuments and statements are true, correct and complete. Sperty Owner's Acknowledgement of Rights and Obligations I Land Program as part of this application and that I have read
	Owner D	Oate Control of the C
		
	*If signed by agent, attach copy of written authori	zation to sign on behalf of taxpayer
	DISPOSITION OF APPLICATION	(FOR ASSESSORS' USE ONLY)
	□ ALL	DATE VOTED/DEEMED

GRANTED DATE NOTICE SENT

DATE:

DENIED

BOARD OF ASSESSORS

□ OWNERSHIP

□ MINIMUM ACRES

□ USE/CONDITION

 \square PART

 \square ALL \square PART

□ DEEMED

 $\quad \Box \ DEEMED$