

NAME OF CITY OR TOWN _____

Fiscal Year _____
For _____

FOREST **AGRICULTURAL OR HORTICULTURAL** **RECREATIONAL** **LAND CLASSIFICATION**

General Laws Chapter 61 §1 - 61A §6 - 61B §3

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

A. IDENTIFICATION. Complete this section fully.

Name of Applicant(s) _____

Mailing Address _____

Property Covered by Application

Location	Parcel Identification (Assessors' Map-Block-Lot)	Deed Reference (Book & Page)	Total Acres	Acres to be Classified
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

B. TYPE OF CLASSIFICATION. Check the classification you are seeking and provide the requested information.

FOREST Attach State Forester's Certificate and Approved Forest Management Plan.

AGRICULTURAL OR HORTICULTURAL

1. **CURRENT USE OF LAND.** List by classes established by the Farmland Valuation Advisory Commission, if applicable.

Land Use Class	No. of Acres	Specific Use, Crops Grown
1. Vegetables, Tobacco Sod, Nursery		
2. Dairy, Forage Crops, Field Crops		
3. Orchards, Vineyards		
4. Cranberries		
5. Permanent Pasture, Necessary Related land, Christmas Trees, Productive Woodland (Attach copy of Approved Forest Management Plan if initial application, or new/revised plan)		
6. Contiguous Non-Productive Land		
7. Other Agricultural or Horticultural (Specify)		

2. **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.

3. **PREVIOUS USE OF LAND.** Was the land valued, assessed and taxed as classified agricultural or horticultural land under Ch. 61A for the prior 2 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 _____

RECREATIONAL (Land may qualify based on its condition or recreational use.)

1. Is the land retained in substantially a natural, wild or open condition? Yes No

Is the land in a landscaped condition? Yes No

Does the land allow to a significant extent the preservation of wildlife and other natural resources? Yes No

If yes, indicate which natural resources are preserved

Ground or Surface Water Clean Air Vegetation

Rare or Endangered Species Geologic Features Scenic Resources

High Quality Soils Other (Specify)

2. Is the land used primarily for recreational use? Yes No

If yes, indicate for which recreational activities the land is used

Archery Boating Camping Fishing Golfing

Hang Gliding Hiking Horseback Riding Hunting

Nature Study and Observation Picnicking Private Non-Commercial Flying

Skiing Swimming Target Shooting

How often is land used for recreational activities? _____

How many people use the land for those activities? _____

Is the land open to the general public? Yes No

If no, to whom is its use restricted? _____

Is the land used for horse racing, dog racing or any sport normally undertaken in a stadium, gymnasium or similar structure? Yes No

C. **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 the application applies.

Lessee

Date

D. **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 signed and attached a Property Owner's Acknowledgment of Rights and Obligations under Classified Forest Agricultural or Horticultural Recreational Land program, as part of this application.

Owner

Date

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

DISPOSITION OF APPLICATION (FOR ASSESSORS' USE ONLY)

Ownership

Min. Acres

Use/Condition

Gross Sales

All

Part GRANTED

Deemed

All

Part DENIED

Deemed

Date Voted/Deemed _____

Date Notice Sent _____

BOARD OF ASSESSORS

Date _____