



BERKS COUNTY *agricultural land* PRESERVATION BOARD

Berks County Agricultural Center
1238 County Welfare Road, Suite #260
Leesport, PA 19533 - 9199
(610) 378-1844 Fax (610) 378-7983
www.countyofberks.com /alp

APPLICATION TO THE BERKS COUNTY AGRICULTURAL CONSERVATION EASEMENT (ACE) PROGRAM

LANDOWNER INFORMATION:

NAME(S): _____

ADDRESS: _____
(STREET) (CITY) (STATE) (ZIP CODE)

TELEPHONE: () _____ EMAIL: _____

OPTIONAL ALTERNATE CONTACT (If different from landowner, i.e. Relative, Farm Operator, Power of Attorney, etc):

(NAME) (STREET) (CITY) (STATE) (ZIP CODE) (PHONE)

RELATIONSHIP: _____

I/we grant permission to contact this individual, concerning the application of my/our farm to the ACE Program.

FARM IDENTIFICATION INFORMATION:

TOWNSHIP(S): _____ COUNTY(S): _____

FARM ADDRESS: _____
(STREET) (CITY) (STATE) (ZIP CODE)

DIRECTIONS FROM NEAREST STATE ROUTE: _____

TAX PARCEL IDENTIFICATION NUMBER(S) (PIN(S)): _____

DEED REFERENCE(S): _____

LIST EXISTING DEED RESTRICTIONS: _____

(Deed restrictions would include, but are not limited to: Restrictions that would limit non-agricultural or agricultural uses; cellular towers; others interest in the land, such as water rights, sewage easements, right of ways, etc.)

LIST BUSINESSES, BUILDINGS OR ACTIVITIES ON THE FARM THAT ARE NOT RELATED TO AGRICULTURE:

IS THE FARM ENROLLED IN AN AGRICULTURAL SECURITY AREA? Yes () No ()

IF NO, HAVE YOU APPLIED TO BE IN AN AGRICULTURAL SECURITY AREA? _____

FARM OPERATIONS INFORMATION:

CROPS GROWN ON FARMLAND TRACT: _____

NUMBER & KINDS OF LIVESTOCK: _____

IS THERE A CONSERVATION PLAN FOR THE FARM? YES () NO ()

IF YES, UNDER WHAT NAME? _____

IS THERE A NUTRIENT MANAGEMENT PLAN FOR THE FARM? YES () NO ()

IF YES, UNDER WHAT NAME? _____

FARM ACREAGE: _____

TOTAL ACREAGE OF THE FARM MINUS EXCLUDED ACREAGE EQUALS TOTAL ACREAGE OFFERED

PLEASE PROVIDE THE ACREAGE FOR THE FOLLOWING LAND USES:

	FARM ACRES:	EXCLUSION:	ACRES OFFERED:
<u>CROPLAND:</u>	_____	_____	_____
<u>PASTURE:</u>	_____	_____	_____
<u>WOODLAND:</u>	_____	_____	_____
<u>BUILDINGS AND ROADS:</u> (i.e.: House, barn, yard, etc.)	_____	_____	_____
<u>OTHER:</u> Please circle. (Cemeteries, cell towers, quarries, etc.)	_____	_____	_____
OR CREP, CRP, WRP, GRP, WHIP	_____	_____	_____
<u>TOTAL ACRES:</u> (Must match acres offered in application.)	_____	_____	_____

LANDOWNER SIGNATURES: (ALL LANDOWNERS' SIGNATURES ARE REQUIRED)

If selected, you are advised to meet with your attorney and accountant as you proceed through the Berks County ACE Program, as this is a legal and financial process.

NAME DATE

NAME DATE

NAME DATE

NAME DATE

FOR OFFICE USE ONLY

PIN(s): _____

APP. ACREAGE: _____ PRIME SOILS AC: _____ PERCENTAGE: _____

ASA: _____ AG PRODUCTION AC: _____ PERCENTAGE: _____

FUT./DES.: _____ APP. RECEIVED: _____

COMP PLAN: _____ COOPERATOR FORM STATUS: _____