



Cecil County, Maryland Agricultural Land Preservation District Program Property Description

Please complete this form as thoroughly and accurately as possible. Attach separate sheets if necessary. Please contact the Office of Planning & Zoning at 410-996-5220 with any questions

1. Applicants Name(s):
(All Owners of Record)

Owner's Name (Primary Contact)	
_____	_____
Owner's Name	Relationship to Primary Contact
_____	_____
Owner's Name	Relationship to Primary Contact
_____	_____
Owner's Name	Relationship to Primary Contact

2. Full Name(s) of
Applicants(s) Children:

_____	_____
_____	_____
_____	_____
_____	_____

3. Telephone Numbers:

Home: _____	Work: _____
Cell: _____	Other: _____

4. Email Address:

Primary: _____	Other: _____
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5. Mailing Address:

Farm Name (if applicable)		

Street or Post Office Box Number		
_____	_____	_____
City	State	Zip Code

6. Property Address:
(If different than
mailing address)

Farm Name (if applicable)		

Street or Post Office Box Number		
_____	_____	_____
City	State	Zip Code

7. Total Acreage:

8. Deed References:

9. Land Use: *To be completed by Staff*

A. LAND USE	ACRES	USDA CAPABILITY CLASS					USDA WOODLAND GROUP		
		I	II	III	IV	V - VII	1	2	3 OR 4
CROPLAND									
PASTURE									
WOODLAND									
FARMSTEAD									
SUBTOTAL									
FLOODPLAIN-WETLANDS									
TOTAL									

10. Existing Structures: _____

Please provide a plot, aerial photo, or sketch with all structures labeled on the property with this application

11. Describe the farming operation: _____

12. Is the farming operation owner operated, or leased to others? Owner / Leased

12. Is a current (within the last 10 years) Soil and Water Conservation Plan in effect? Yes / No

13. Is a current Forestry Management Plan in effect? Yes / No

14. Is the property located with the County's Master Water and Sewer Plan? Yes / No

15. Is the establishment of this property as an agricultural preservation district consistent with the County's adopted Comprehensive Plan? Yes / No

All Landowner(s) hereby certify that the above information is true and accurate to the best of their knowledge

 Owner's Name (Primary Contact) _____
 Date

Please attach a separate sheet with additional landowner signatures if necessary.