

APPENDIX C

CAMBRIA COUNTY AGRICULTURAL LAND PRESERVATION BOARD  
PURCHASE OF CONSERVATION EASEMENTS

APPLICATION FORM

I. GENERAL INFORMATION

NAME OF OWNER(S): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

TELEPHONE: \_\_\_\_\_

COUNTY: \_\_\_\_\_

TOWNSHIP: \_\_\_\_\_

TOTAL ACREAGE OWNED: \_\_\_\_\_

TOTAL ACREAGE OFFERED: \_\_\_\_\_

II. FARMLAND TRACT IDENTIFICATION

LOCATION OF FARMLAND TRACT: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DEED REFERENCE: BOOK \_\_\_\_\_ PAGE \_\_\_\_\_ BOOK \_\_\_\_\_ PAGE \_\_\_\_\_

BOOK \_\_\_\_\_ PAGE \_\_\_\_\_ BOOK \_\_\_\_\_ PAGE \_\_\_\_\_

BOOK \_\_\_\_\_ PAGE \_\_\_\_\_ BOOK \_\_\_\_\_ PAGE \_\_\_\_\_

TAX MAP NUMBERS OF EACH PARCEL: \_\_\_\_\_

\_\_\_\_\_

WHAT IS THE MINING RIGHTS FOR THE FARM? (Deep Mine Only, Owned, Quit  
Claim, etc.)

\_\_\_\_\_

\_\_\_\_\_

HAS ANY PORTION OF THE FARM BEEN SURFACE MINED FOR COAL?  
\_\_\_\_\_ YES \_\_\_\_\_ NO IF YES, PROVIDE YEAR(S) AND ACREAGE.  
IDENTIFY PORTION OF FARM THAT HAS BEEN MINED ON A TAX OR  
TOPOGRAPHIC MAP. \_\_\_\_\_

### **III. TOWNSHIP ASSISTED INFORMATION**

#### A. GENERAL

AGRICULTURAL SECURITY AREA: \_\_\_\_\_

ASA Book and Page Number \_\_\_\_\_

PROXIMITY OF TRACT TO UTILITIES:

(Measurement in miles from the closest point of the tract to the utility.)

SEWER: \_\_\_\_\_ WATER: \_\_\_\_\_

### **IV. NATURAL RESOURCES CONSERVATION SERVICE (NRCS) ASSISTED INFORMATION**

#### A. MAPS

The applicant is required to provide the following maps as part of this application.

1. Location Map - A United States Geographical Survey Topographical Map showing the location of the farmland tract.

2. Soils Map - The soils map of the farmland tract must be color coded as follows:

Class I - Green

Class II - Yellow

Class III - Red

Class IV - Blue

Wetlands - Cross Hatch

3. Tax Map – If correct tax parcel numbers are given, the District office will provide the tax map of the property.

#### B. SOILS REPORT

The applicant is required to provide a soils report for the farmland tract being offered as part of this application process. (Please Attach Report)

C. CONSERVATION PLAN

Date of Conservation Plan and/or Revision: \_\_\_\_\_

Conservation Practices being employed on the farm include: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of nutrient management plan, if needed by the Act: \_\_\_\_\_

D. CAPABILITY CLASS AND USE OF LAND

CAPABILITY CLASS	ACRES OF CROPLAND, PASTURE, AND GRAZING	ACRES OF OTHER LAND
CLASS I		
CLASS II		
CLASS III		
CLASS IV		
OTHER		
TOTAL:		

**This information can be obtained from, and must be verified by, the Natural Resources Conservation Service office. Be sure that the total acreage indicated throughout section IV equals the amount offered.**

V. REASON FOR APPLICATION

The applicant shall provide a brief description stating why the applicant has chosen to participate in the Cambria County Agricultural Land Preservation Program (Please Attach Description)

VI. UNIQUE FACTORS

The applicant shall provide detailed documentation of any unique characteristics such as environmental or historical value to be considered in the evaluation. (Please Attach Documentation)

**VIII. OFFICIAL CONTACT**

Name, address and phone number of the contact person who will receive all correspondence and be contacted to view the operation:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**IX. SIGNATURE(s)**

It is necessary for all owners of the farmland to give their approval and consent to this application.

I, hereby, authorize the Conservation Plan preparer to release copies of the Conservation Plan and Nutrient Management Plan (Act 6, if applicable), to the County Agricultural Land Preservation Board and the Bureau of Farmland Preservation as required under Act 43 criteria for easement purchase.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE NOTE: ONLY COMPLETED APPLICATIONS WILL BE CONSIDERED.**

RETURN TO:

Cambria County Agricultural Land Preservation Board  
c/o Cambria County Conservation District  
401 Candlelight Drive  
Suite 229  
Ebensburg, PA 15931

Date Received: \_\_\_\_\_

File Number: \_\_\_\_\_