

**STOKES COUNTY
VOLUNTARY FARMLAND PRESERVATION PROGRAM**

**APPLICATION FOR CERTIFICATION AS QUALIFYING FARMLAND AND
DESIGNATION AS A STOKES COUNTY VOLUNTARY AGRICULTURAL DISTRICT**

INSTRUCTIONS: Before completing the application, please review the provisions of the Stokes County Voluntary Farmland Protection Ordinance, then fill out the form as accurately and completely as possible. Be sure to sign and date the form and return it to the Stokes Soil & Water Conservation District Office - P.O. Box 98, Danbury, NC 27016

APPLICANT:

Name: _____
Address: _____
City: _____ **State:** _____ **Zip Code:** _____
Phone Number: (Home) _____ **(Cell)** _____
Email: _____

PROPERTY INFORMATION:

Please circle the appropriate property designation: Horticulture (≥ 5 acres) Agriculture (≥ 10 acres) Forestry (≥ 20 acres)

Property Location/Address: _____
Township: _____ **Tax Map #** _____ **Block:** _____ **Lot(s):** _____
Number of Acres: _____ **(Are there additional Tracts** ____ **Yes** ____ **No)**
NOTE: For additional tracts use supplemental tract form **Tract PIN:** _____

Does this land have a plan on file with either of the following offices?

Stokes Soil & Water Conservation District (SWCD) ____ **Yes** ____ **No**
NC Forest Service (NCFS) ____ **Yes** ____ **No**

If "no", Please contact Stokes Soil & Water office at 336-593-2490 or the NC Forest Service - phone 336-593-8154

Is the land listed for farm present-use-value taxation with the Stokes County Tax Office?

____ **Yes** ____ **No** (Not a requirement for program eligibility.)

OWNER(S) CERTIFICATION

I, (We), the applicant(s), hereby certify that, to the best of my (our) ability, the foregoing application is complete and accurate. This agreement will terminate ten (10) years from the date of signature below. Unless terminated in writing prior to the end of the 10-year term, this agreement shall automatically renew for a period of three (3) years. Landowner may terminate at any time with written notice.

Signature: _____ **Date:** _____

Signature: _____ **Date:** _____

Signature: _____ **Date:** _____

**Please direct inquires to:
Stokes Soil & Water Conservation District – 336-593-2490
Stokes Cooperative Extension Service – 336-593-8179**

OFFICE USE ONLY

NRCS/SWCD
Certification

Ag. Advisory Bd.
Approval/Disapproval
(circle one)

Approval Date

Notification Sent
Date