

EXHIBIT B
MERCER COUNTY AGRICULTURE DEVELOPMENT BOARD
Commercial Farm Determination and Right to Farm Eligibility Questionnaire
In Response to Complaint

Date: _____

Respondent to RTF Complaint: _____

Farm Operator (if not respondent): _____

Farm Owner (if not respondent): _____

Name of Farm: _____

Farm Address: _____

Respondent Mailing Address: _____

Respondent Phone Number(s): _____

Respondent Email: _____

1. Identification of Farm Management Unit and Current Agriculture Practices
(Use additional sheet if necessary):

Municipality	Block	Lot	Acres	Product/Operation	Year Product or Operation Began
Total Acreage					

2. Describe details regarding the farm operation and current agricultural that are not captured in the table above (labor, total output, etc). *(Use additional sheet if necessary).*

3. Does the farm management unit receive farmland assessment taxation treatment? YES NO
If yes, please attach a copy of the most recent filed farmland assessment form(s).

4. If you responded NO to #3, are you eligible? YES NO N/A
 If YES, please explain why the farm is not receiving farmland assessment:

5. Please identify which of the standards below describes your farm. *(If none are applicable, your farm does not qualify as a commercial farm and is therefore ineligible for Right to Farm protection):*

I certify that _____ *(Insert name of commercial farm)* is five acres or more, produces agricultural and/or horticultural products worth \$2,500 or more annually, and is eligible for differential property taxation pursuant to the Farmland Assessment Act of 1964. **If the land is farmland assessed, I have attached a copy of the filed farmland assessment form(s). If the land is not farmland assessed, I have attached a copy of the tax map representing the farm acreage.**

I certify that _____ *(Insert name of commercial farm)* is less than five acres, produces agricultural/horticultural products worth \$50,000 or more annually and otherwise satisfies the eligibility criteria for differential property taxation pursuant to the Farmland Assessment Act of 1964. **I have attached a copy of the tax map representing the farm acreage.**

I certify that _____ *(Insert name of commercial farm)* is a beekeeping operation that produces honey or other agricultural or horticultural apiary-related products, or provides crop pollination services, worth \$10,000 or more annually.

6. Total agricultural production gross income for most recent tax year: Tax Year _____ = \$ _____
(You may wish to provide or be asked to provide data for additional years)

7. If you operate a farm market, what percentage of annual gross sales are generated from items produced on your farm management unit? _____ %

8. If you operate a farm market, what percentage of the sales area is devoted to the sale of agricultural output of the farm? _____ %

9. To enable us to evaluate consistency with the municipal zoning ordinance, please list the zone or zones in which the farm management unit is located and whether those zones permit agriculture:

Municipality	Block	Lot	Municipal Zone	Zone Permits Agriculture (Y/N)

Please return this Questionnaire with the following documents (*check as attached*):

<input type="checkbox"/>	Most recently filed FA-1 farmland assessment form(s), if applicable.
<input type="checkbox"/>	Tax map
<input type="checkbox"/>	Site map showing location(s) of all agricultural production activities as well as ancillary and nonagricultural activities (You may use an aerial map, tax map, or existing survey as a base).
<input type="checkbox"/>	Proof of agricultural production income in the form of sales receipts, an IRS Schedule F, or similar documentation. Provide income totals for each year of receipts submitted.
<input type="checkbox"/>	Proof that the farm is located in an area in which, as of December 31, 1997 or thereafter, agriculture has been permitted under the municipal zoning ordinance and is consistent with the municipal master plan OR proof that the farm was in operation as of July 2, 1998.
<input type="checkbox"/>	Commercial Farm Certification Form completed and signed

Applicant Signature/Title

Date

MERCER COUNTY AGRICULTURE DEVELOPMENT BOARD
Commercial Farm Certification Form

CERTIFICATION OF _____
(NAME OF COMMERCIAL FARM OWNER/OPERATOR)

(NAME OF COMMERCIAL FARM)

(ADDRESS OF COMMERCIAL FARM)

I, _____, hereby certify the following:

1. I am (one of) the owner(s)/operator(s) of _____.
(NAME OF COMMERCIAL FARM)
2. The nature of my operation and agricultural activities are correctly listed on the attached Commercial Farm Determination Questionnaire and/or Agricultural Management Practice Questionnaire.
3. I certify that _____ is five acres or more,
(NAME OF COMMERCIAL FARM)
produces agricultural and/or horticultural products worth \$2,500 or more annually, and is eligible for differential property taxation pursuant to the Farmland Assessment Act of 1964. A list of agricultural/horticultural commodities produced on the commercial farm is attached. If land is farmland assessed, a copy of the filed farmland assessment form(s) is (are) attached. If land is not farmland assessed, a copy of the tax map representing the farm acreage is attached.

OR

I certify that _____ is less than five acres, produces
(NAME OF COMMERCIAL FARM)
agricultural and/or horticultural products worth \$50,000 or more annually (or \$10,000 of apiary-related products) and otherwise satisfies eligibility criteria for differential property taxation pursuant to the Farmland Assessment Act of 1964. A list of agricultural/horticultural commodities produced on the commercial farm is attached. A copy of the tax map representing the farm acreage is attached. I have attached proof of my agricultural production income.

OR

I certify that _____ is a beekeeping operation that produces
(NAME OF COMMERCIAL FARM)
honey or other agricultural or horticultural apiary-related products, or provides crop pollination services, worth \$10,000 or more annually.

4. I have attached proof that the farm:
 - a) is located in an area in which, as of December 31, 1997 or thereafter, agriculture has been a permitted use under the municipal zoning ordinance and is consistent with the municipal master plan,

OR

- b) was in operation as of July 2, 1998.

5. To the best of my knowledge and belief, my agricultural operation is in compliance with all relevant federal and New Jersey statutes, rules and regulations.
6. I understand that if the Mercer CADB holds a public hearing, it shall issue its written resolution(s) to the commercial farm owner and the commercial farm operator; the aggrieved person; the municipality(ies) in which the commercial farm is located; the State Agriculture Development Committee (SADC) and any other individuals or organizations deemed appropriate by the Mercer CADB, within sixty (60) days of receipt of the complaint.
7. I understand that any person aggrieved by any decision of the Mercer CADB regarding a commercial farm determination, including myself, may appeal the decision to the SADC in accordance with the provisions of the Administrative Procedure Act, N.J.S.A. 52:14B-1 et seq., and the Uniform Administrative Procedure Rules, N.J.A.C. 1:1, within 10 days from receipt of the board's final determination.
 1. The decision of the SADC shall be considered a final administrative agency decision.
 2. If the Mercer CADB's decision is not appealed within 10 days, the Mercer CADB's decision is binding.
8. I understand that the Mercer CADB may require that I submit additional information and I agree to provide such information. I also understand and agree that my failure to provide requested information to the Mercer CADB may result in the denial of commercial farm eligibility.

Dated: _____

(Signature of Requestor)