



**APPLICATION FOR USE VALUE ASSESSMENT OF LAND
FOR REAL ESTATE TAX PURPOSES
UNDER ACT 319,156 &
TITLE 7 PA. CODE, CHAPTER 137b
"CLEAN & GREEN"**

NEW
 AMENDED

COMPLETE THE FOLLOWING INFORMATION

(As it appears on the on the most current property Deed)

DEED BOOK-PAGE: _____ **ACRES:** _____

PARCEL NUMBER: _____ **CONTROL NUMBER:** _____

TAXING DISTRICT: _____ **SCHOOL DIST:** _____

OWNER NAME 1: _____ **OWNER NAME 2:** _____
Last, First, MI Last, First, MI

OWNER NAME 3: _____ **OWNER NAME 4:** _____
Last, First, MI Last, First, MI

OWNER NAME 5: _____ **OWNER NAME 6:** _____
Last, First, MI Last, First, MI

OWNER NAME 7: _____ **OWNER NAME 8:** _____
Last, First, MI Last, First, MI

MAILING ADDRESS: _____
Address

_____ City _____ State _____ Zip

CONTACT PHONE NUMBER: () _____ () _____
Daytime Home

1. Type of ownership: (Circle type that applies)
(A) Individual (B) Partnership (C) Corporation
(D) Institution (E) Association (F) Cooperative
(G) Other _____
2. **A:** Is this parcel ten (10) contiguous acres or more in size?
____ YES ____ NO
- B:** Is this parcel contiguous to an eligible parcel?
____ YES ____ NO
3. If this parcel is *less than* (10) acres, you must verify that the land is devoted to agricultural use, and will generate an annual gross income of at least \$2000. (Proof of income will be required on a yearly basis.)
4. If this parcel has open, tillable land, is it now devoted to agricultural use, and has it been in use as such for the past three (3) years?
____ YES ____ NO
5. If this parcel has forestland, is it stocked with trees of any size, and is it capable of producing wood products in excess of twenty-five (25) cubic feet per acre, per year?
____ YES ____ NO
6. Does this parcel have any of the following located upon it? (Circle any that apply)
(A) Cellular Communication Tower
(B) Oil Well
(C) Natural Gas Well
(D) Commercial Solar Cells
(E) Commercial Wind Power Generation
7. Do you understand that if this application is approved, the parcel will remain in the program, even if an ownership change is recorded, until the landowner removes it by a violation, at which time it will be subject to a roll-back penalty according to the act?
____ YES ____ NO
8. Do you have documentation supporting soil types and/or timber types, such as a conservation plan or forestry management plan?
____ YES ____ NO
9. Are there any mineral leases on this parcel?
____ YES ____ NO
____ Active ____ Inactive

CONTINUED ON BACK

This application complies with the uniform standards developed for preferential assessment applications by the PA Dept. of Agriculture Jan 2000.

DO NOT WRITE IN THIS SPACE

The applicant hereby agrees, subject to approval of this application, that they or a designated representative will submit, advise or notify the county assessment office, in writing, within thirty (30) days of a proposed change of use of the land or conveyance of land. The undersigned declares this application, including all accompanying schedules and statements, has been examined and to the best of their knowledge and belief is true and correct. Furthermore, they agree to pay any fees imposed or required by the county associated with this application.

_____ Signature	_____ Date	_____ Signature	_____ Date
_____ Signature	_____ Date	_____ Signature	_____ Date
_____ Signature	_____ Date	_____ Signature	_____ Date
_____ Signature	_____ Date	_____ Signature	_____ Date

COMMONWEALTH OF PENNSYLVANIA)
CLINTON COUNTY) SS:

On this, the _____ day of _____ 20____, before me, a notary public,
 The herein signed, did personally appear _____

known to me (or satisfactorily proven) to be the person whose name is subscribed to & within the instrument,
 and acknowledged that they executed the same for the purpose therein contained.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal.

 Notary Public
 My Commission Expires: _____

FOR OFFICIAL USE ONLY

An official of the Clinton County Assessment Office will complete the information within this block.

Application qualifies and is approved for:

Agriculture Use _____ Agriculture Reserve _____ Forest Reserve _____

Disapproved _____ Reason _____

Reviewing Assessor & Date: _____