

RETURN TO:  
Franklin County Planning Department  
RE: Agricultural Land Preservation  
272 N. Second Street  
Chambersburg, PA 17201

For Department Use Only:

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

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

APPENDIX C

Franklin County Agricultural Land Preservation Program  
Application for Conservation Easement  
(Revised 2024)

I. GENERAL INFORMATION

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

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

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

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

TAX PARCEL NUMBER: \_\_\_\_\_

RECORDED DEED REFERENCE: \_\_\_\_\_

TOTAL ACREAGE OF TRACT: \_\_\_\_\_

TOTAL EXCLUDED ACREAGE: \_\_\_\_\_

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

PERCENTAGE OF LANDOWNERS INCOME DERIVED FROM FARMING OPERATION

% \_\_\_\_\_

List any Mortgage(s), Lien Holder(s), Lines of Credit or owners of mineral rights: **\*\*Please include contact information for the holder(s) of mortgages, liens, lines of credit\*\***

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

II. TOWNSHIP ASSISTED INFORMATION

A. GENERAL

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

PROXIMITY OF TRACT TO UTILITIES: \_\_\_\_\_  
(Measurement in miles from the closest SEWER WATER  
point of the tract to the utility)

B. The applicant must provide a brief report using information provided by the township describing the development and/or land use surrounding the tract being offered.

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C. CONSERVATION PLAN

The applicant is required to have an active conservation plan on file with NRCS or private consulting service. (A copy of the plan must be included with this application and shall be made available to the Bureau of Farmland Preservation also.)

Date of Plan: \_\_\_\_\_

Certified Conservation Planner Service: \_\_\_\_\_

III. REASON FOR APPLICATION

The applicant shall provide a brief description stating why the applicant has chosen to participate in the Franklin County Agricultural Land Preservation Program. (Attach additional sheets if needed.)

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IV. UNIQUE FACTORS

The applicant shall provide detailed documentation of any unique characteristics, such as environmental or historical value, to be considered in the evaluation. (Attach additional sheets if needed.)

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

V. OFFICIAL CONTACT

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

CONTACT NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
EMAIL: \_\_\_\_\_  
PHONE: \_\_\_\_\_

VI. SIGNATURE (s)

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

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

**PLEASE NOTE:**

- ✓ **ONLY COMPLETE APPLICATIONS WILL BE CONSIDERED.**
- ✓ **ALL ACREAGE TO BE EXCLUDED MUST BE IDENTIFIED AT THE TIME OF APPLICATION.**
- ✓ **CHANGES IN THE APPLICATION MADE FOLLOWING SELECTION MAY NULLIFY ANY OFFER MADE BY THE BOARD AND WILL REQUIRE RE-APPLICATION.**