



OFFICIAL USE ONLY	
<input type="checkbox"/> Ag Use	BOOK-PAGE:
<input type="checkbox"/> Ag Reserve	
<input type="checkbox"/> Forest Reserve	Date Recorded:
<input type="checkbox"/> Disapproved	
Assessor Signature: _____	
APP #:	

# CLEAN AND GREEN VALUATION APPLICATION

## Blair County

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

AMENDED APPLICATION

Amended applications must be submitted within 30 days of transfer of lands or changes to parcel.  
Original application: BOOK/PAGE \_\_\_\_\_

This application must be received by the Assessment Office on or before **June 1<sup>st</sup>** of the year immediately preceding the tax year for which the property owner wants to enroll. **Exception:** In a year when a county implements a countywide reassessment, or a countywide reassessment of enrolled land, the application deadline shall be extended to **October 15<sup>th</sup>**.

Completed applications should be returned to the Blair County Assessment Office:

BLAIR COUNTY ASSESSMENT OFFICE  
423 ALLEGHENY ST, STE 041  
HOLLIDAYSBURG, PA 16648-2022  
Phone: (814) 693-3110  
Hours: 8:00AM – 4:00PM

### Clean & Green Application and Recording Fees

Application Fee (new applications only).....\$50.00  
Recording/Handling Fee.....\$20.50  
Total fees payable to "Blair County" for new applications: \$70.50

Applicable fees must be submitted with this application. There is no Application Fee for amended applications; however, a Recording/Handling Fee shall be due. Should the landowner choose not to enroll or should the application be denied, the Recording/Handling Fee will be refunded. The Application Fee is non-refundable.

### TYPE OR PRINT CLEARLY

Owner(s)  
(or Entity Representative): \_\_\_\_\_  
(Last) (First) (M.I.)

Owner(s): \_\_\_\_\_  
(Last) (First) (M.I.)

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(Last) (First) (M.I.)

Owner(s): \_\_\_\_\_  
(Last) (First) (M.I.)

Mailing Address \_\_\_\_\_ (Street, R.D. or Box #) \_\_\_\_\_ (City)  
and Phone: \_\_\_\_\_  
(State) (Zip Code) (Daytime Phone)

Parcel ID: \_\_\_\_\_ Control #: \_\_\_\_\_ Acreage: \_\_\_\_\_  
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Parcel ID: \_\_\_\_\_ Control #: \_\_\_\_\_ Acreage: \_\_\_\_\_

1. The land for which application is being made is owned by a/an (Check One):

- Individual(s)
- Partnership
- Corporation
- Institution
- Cooperative
- Other \_\_\_\_\_

Entity: partnership, corporation, institution, cooperative, or other name (if applicable)  
This application must be executed by an individual duly authorized to act on behalf of the entity.

2. Is the land currently assessed under Act 515? "(16 P.S. Section 11941 et seq.)" .....Yes  No

3. Is the land in this application leased for minerals? (including oil & gas) Yes  No

If yes, describe the leased minerals (e.g., gas/oil wells, pipe storage leases, small non-coal surface mining, surface coal mining, subsurface mining, quarries, etc.) and include the number of sites, acres affected, and additional information and comments (e.g., lease termination dates, permit numbers, etc.). Include a map of the affected area(s).

4. Is there a cellular communication tower located on this property? .....Yes  No

a. How many cell towers/wireless service facilities (WSF) sites are on your property? \_\_\_\_\_

b. How many acres do the cell towers/wireless service facilities (WSF) sites occupy? \_\_\_\_\_

5. Are there Tier I alternative energy sources located on this property? .....Yes  No

**Tier I Alternative Energy Source:** Energy derived from solar photovoltaic energy, wind power, low-impact hydropower, geothermal energy, biologically derived methane gas, fuel cells, biomass energy, and coal mine methane.

a. How many acres are affected by the Tier I alternative energy sources on this property? \_\_\_\_\_

b. If wind power is present on your property, list the number of turbines. \_\_\_\_\_

c. Is the majority of the energy produced utilized on this property? .....Yes  No

Note: Include land devoted to the development and operation of an alternative energy system in one of the three categories (i.e., Agricultural Use, Agricultural Reserve, and/or Forest Reserve), if a majority of the energy annually generated is utilized on the tract.

6. Do you or anyone else conduct non-agricultural commercial activities on this land? .....Yes  No

If yes, describe the non-agricultural commercial activities and the acres associated with these activities (buildings, curtilage, parking areas, etc.). Include a map of the affected area(s).

7. The property is located in \_\_\_\_\_

(School District – if applicable, list more than one)

(City, Borough, Township, or other Municipality – if applicable, list more than one)

(County)

8. Under which category/categories do you qualify? NOTE: One application may include more than one category.

**Agricultural Use:** Land which is **used for the purpose of producing an agricultural commodity** or is devoted to and meets the requirements and qualifications for payments or other compensation pursuant to a soil conservation program under an agreement with an agency of the Federal Government. Land must either (1) be comprised of 10 or more contiguous acres or (2) have an anticipated yearly gross agricultural production income of at least \$2,000. For properties less than 10 acres in size, attach applicable documents to substantiate agricultural production income.

a. How many acres are enrolled in a subsidized conservation program? \_\_\_\_\_

b. How many acres of non-wooded land are actively used for an agricultural commodity? \_\_\_\_\_

**Agricultural Reserve:** Noncommercial open space lands used for outdoor recreation or the enjoyment of scenic or natural beauty and **open to the public** for such use, without charge or fee, on a nondiscriminatory basis.

c. Of the remaining non-wooded acres, how many have not produced any agricultural commodity during the past three years? DO NOT include acreage enrolled in a subsidized conservation program. \_\_\_\_\_

**Forest Reserve:** Land, ten acres or more, stocked by forest trees of any size and **capable of producing timber** or other wood products.

d. How many total wooded acres do you have on this property (FR)? \_\_\_\_\_

9. Is there farmstead land located on this property? .....Yes  No

**Farmstead Land:** any curtilage and land situated under a residence, farm building or other building which supports a residence, including a residential garage or workshop.

Is the farmstead land located within an area enrolled as agricultural use? .....Yes  No

10. Does ineligible land exist as part of the larger contiguous tract of eligible land on this application? .....Yes  No

**Ineligible Land:** Any portion of the property, which cannot be classified as one of the three eligible uses (ag use, ag reserve, or forest reserve). Describe the ineligible land below, and include a map with this application depicting the affected area.

11. For agricultural use applications, has the land represented on this worksheet been actively devoted to agricultural use for the past three years? .....Yes  No

a. Farm operator's name: \_\_\_\_\_

b. List commodities produced: \_\_\_\_\_

c. Are there any direct commercial sales of agriculturally related products/activities or a rural enterprise on this property?

Yes  No

If yes, how many acres are affected? \_\_\_\_\_

Is the commercial activity owned and operated by the landowner or *Class A* beneficiaries? .....Yes  No

THE APPLICANT FOR PREFERENTIAL ASSESSMENT HEREBY AGREES, IF THE APPLICATION IS APPROVED FOR PREFERENTIAL ASSESSMENT, TO SUBMIT 30 DAYS NOTICE TO THE COUNTY ASSESSOR OF A PROPOSED CHANGE IN USE OF THE LAND, A CHANGE IN OWNERSHIP OF A PORTION OF THE LAND OR OF ANY TYPE OF DIVISION OR CONVEYANCE OF THE LAND. THE APPLICANT FOR PREFERENTIAL ASSESSMENT HEREBY ACKNOWLEDGES THAT, IF THE APPLICATION IS APPROVED FOR PREFERENTIAL ASSESSMENT, ROLL-BACK TAXES AND INTEREST UNDER THE ACT MAY BE DUE FOR A CHANGE IN USE OF THE LAND, A CHANGE IN OWNERSHIP OF A PORTION OF THE LAND, OR ANY TYPE OF DIVISION OR CONVEYANCE OF THE LAND.

The undersigned declares that this application, including all accompanying schedules and statements, has been examined by him/her and to the best of his/her knowledge and belief is true and correct, and makes this representation subject to the penalties of 18Pa.C.S.A. Section 4904 (relating to unsworn falsification to authorities). All owners of record must sign this application in the presence of a notary.

\_\_\_\_\_  
Signature of Owner or Entity Name Date

\_\_\_\_\_  
Signature of Additional Owner or Entity Officer (Include Officer's Title) Date

\_\_\_\_\_  
Signature of Additional Owner Date

\_\_\_\_\_  
Signature of Additional Owner Date

COMMONWEALTH OF PENNSYLVANIA :  
COUNTY OF \_\_\_\_\_ : SS.  
On this, the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_, by me, the undersigned Notary Public, personally appeared \_\_\_\_\_ known to me (or satisfactorily proven) to be the person(s) whose name(s) is/are subscribed to the within instrument, and acknowledged that \_\_\_\_\_ executed the same for the purposes therein contained.  
IN WITNESS WHEREOF, I have hereunto set my hand and official seal.  
\_\_\_\_\_  
Notary Public (SEAL)