



Town of Clinton
Annual Farm Operation Informational Permit

Permit No. _____

Name of Farm Operation: _____ Date: _____

Farmer Information:

Name: _____ Phone: _____

Mailing Address: _____

Email Address: _____

Total NYS Acreage in Agricultural Use: _____ Number of Years in Operation: _____

Gross Annual Sales Last Year: _____ Total Value of all Farm Operation Assets: _____

Brief description of the methods of operation and/or business practices utilized to make a profit:

Complete one section below for each Lot in the Town of Clinton in use as part of the Farm Operation identified above. Attach additional pages with additional sections if necessary.

Lot 1

Physical Address: _____

Parcel ID: 132400 - _____ - _____ - _____ Total Lot Size in Acres: _____

Property Owner(s): _____

Mailing Address: _____

Phone: _____ Email Address: _____

Total Area in Use by the Farm Operation identified above (include buildings): _____

Brief description of the Farm Operation's Use of this Lot. Include any of the following that are applicable on this Lot for this year: Crops, livestock, buildings and structures used, equine operations, direct marketing activities, retail sales methods, and types of on-site interactions with the general public: _____

Lot 2

Physical Address: _____

Parcel ID: 132400 - _____ - _____ - _____ Total Lot Size in Acres: _____

Property Owner(s): _____

Mailing Address: _____

Phone: _____ Email Address: _____

Total Area in Use by the Farm Operation identified above (include buildings): _____

Brief description of the Farm Operation's Use of this Lot. Include any of the following that are applicable on this Lot for this year: Crops, livestock, buildings and structures used, equine operations, direct marketing activities, retail sales methods, and types of on-site interactions with the general public: _____

February 14, 2024

Lot 3

Physical Address: _____

Parcel ID: 132400 - _____ - _____ - _____ Total Lot Size in Acres: _____

Property Owner(s): _____

Mailing Address: _____

Phone: _____ Email Address: _____

Total Area in Use by the Farm Operation identified above (include buildings): _____

Brief description of the Farm Operation's Use of this Lot. Include any of the following that are applicable on this Lot for this year: Crops, livestock, buildings and structures used, equine operations, direct marketing activities, retail sales methods, and types of on-site interactions with the general public:_____

Lot 4

Physical Address:_____

Parcel ID: 132400 - ____ - ____ - _____ Total Lot Size in Acres:_____

Property Owner(s):_____

Mailing Address:_____

Phone:_____ Email Address:_____

Total Area in Use by the Farm Operation identified above (include buildings):_____

Brief description of the Farm Operation's Use of this Lot. Include any of the following that are applicable on this Lot for this year: Crops, livestock, buildings and structures used, equine operations, direct marketing activities, retail sales methods, and types of on-site interactions with the general public:_____

I hereby acknowledge that the information contained herein is correct, to the best of my knowledge. Should information herein change, I hereby agree to submit a new Farm Operation Informational Permit to the Town of Clinton Zoning Department. I understand that this Informational Permit is valid through one calendar year and expires on December 31st of the year in which it was filed. A Farm Operation Informational Permit must be filed by March 31st of each year in which the Farm Operation identified herein is in operation within the Town of Clinton.

Signature Date Print Name

Town of Clinton MCEI Date Print Name

February 14, 2024