pennsylvania
DEPARTMENT OF AGRICULTURE

Updated Application

October 2026

Recording Fee = $18.50
Make payable to: *SUSQUEHANNA COUNTY*
All Owners MUST sign Application AND All Signatures MUST be Notarized
Submit completed application to:
Susquehanna County Assessment Office,
31 Lake Ave, PO Box 218, Montrose, PA 18801
Phone: (570)278-4600 Ext.4001

District	
Map No	
Acres	
Not s:	

APPLICATION – PENNSYLVANIA FARMLAND AND FOREST LAND ASSESSMENT ACT "CLEAN AND GREEN"

DATE: _____

1. Name:_____

1. Name:_____
(Last) (First) (M.I.)
2. Mailing Address:_____
(Street, R.D. or Box#) (County)
_____
(City) (State) (Zip Code) (Phone)

3. The land for which application is being made is owned by (a) (an) (Check one):
   a. Individual ☐
   b. Partnership ☐
   c. Corporation ☐
   d. Institution ☐
   e. Cooperative ☐
   f. Other (explain) ☐_____

4. Is the land currently assessed under Act 515? (P.L. – (1965) 1292) Yes____ No☐
5. Is the land in this application leased for minerals? (Including oil & gas) Yes____ No____
6. Is there a cellular communication tower located on this property? Yes____ No____
7. Are there Tier I alternative energy sources located on this property? (See definition) 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.

   If so, is the majority of the energy annually generated utilized on the tract? Yes____ No____

8. Do you or anyone else conduct non-agricultural commercial activities on this land? Yes____ No____

   (This includes Gas Pads, Quarry activity and Commercial Structures) If yes, please describe this activity.

   _____

   _____

9. The property is located in: _____
(School District)

_____
(City, Town, Borough) (County)

10. Under which category (ies) do you qualify? NOTE: One application may include more than one land use category.

Agricultural Use ____ Agricultural Reserve ____ Forest Reserve ____

11. Is there farmstead land located on this property? (See definition) 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. (We consider this your "Base Acre" or "Homesite")**

12. Does ineligible land exist as part of the larger contiguous tract of eligible land on this application? Yes____ No____

If yes, please list below any ineligible land (acreage amount)and the use of the land which is causing it to be ineligible.

_____

13. For agricultural use applications, has the land represented on this worksheet been actively devoted to agricultural use for the past three years?

Yes____ No____

14. IN THE EVENT OF A CHANGE IN OWNERSHIP OF A PORTION OF THE LAND, OR OF ANY TYPE DIVISION OR CONVEYANCE OF THE LAND, THE APPLICANT HEREBY ACKNOWLEDGES THAT, IF HIS APPLICATION IS APPROVED FOR PREFERENTIAL ASSESSMENT, ROLL-BACK TAXES UNDER SECTION 5.1 OF THE ACT MAY BE DUE FOR A CHANGE IN USE OF THE LAND, A CHANGE IN OWNERSHIP OF ANY PORTION OF THE LAND, OR ANY TYPE OF DIVISION OR CONVEYANCE OF THE LAND.

The applicant for preferential assessment hereby agrees, if his application is approved for preferential assessment, to submit thirty days notice to the county assessor of a proposed change in use of the land, a split-off portion of the land, or a 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.



YOU MUST SIGN BEFORE A NOTARY PUBLIC
DO NOT SIGN UNTIL YOU HAVE REVIEWED THE SIGNATURE EXAMPLES



_____
(Print Name of Owner – If owned by Corporation or Trust, print Company name or Trust name here)

_____
(Signature of Owner – If owned by Corporation or Trust, signature of Corporate Officer or Trustee **AND TITLE**)

In witness whereof, I have hereunto set my hand and official seal.

_____
(Notary) (Date) (Stamp or Seal)

OFFICE USE ONLY

_____
(Assessor Signature) (Date) (Cat)