## **TOWN OF YORK**

2668 Main Street Po Box 187 York, NY 14592 Telephone: (585) 243-3128 Fax: (585) 243-4618

E-mail: donnafalkner@frontier.com

Applicant #	
Preliminary	
Final	

## **AGRICULTURAL DATA STATEMENT**

Applicant:	Owner:(if different)
Name:	Name:
Address:	Address
boundary of the property of the proposed p	Name:
Address:	Address:
Name:	Name:
Address:	Address:
Description of the proposed project and its	location:
Location of site:	
Tax Map #:	
Ownership intentions/proposed use of site:	:
Anticipated construction time:	
Brief description of farm operation(s) that n	night be affected:
Signature of applicant/owner	Date