

COUNTY \_\_\_\_\_

TOWNSHIP \_\_\_\_\_

APPLICANT LAST NAME \_\_\_\_\_

APPLICANT FIRST NAME \_\_\_\_\_



## **Farmland Preservation Program**

### **Application for a Special Permit for a Personal Wireless Service Facility on Preserved Farmland N.J.S.A. 4:1C-32.2; N.J.A.C. 2:76-23.1**

For SADC use only

**SADC ID#** \_\_\_\_\_

**Date Received** \_\_\_\_\_

**Staff Reviewer** \_\_\_\_\_

**ELIGIBILITY REQUIREMENTS:** Please complete the following checklist to determine if you are eligible to submit an Application for a Special Permit for a Personal Wireless Service Facility on Preserved Farmland.

- ❑ The subject farm was permanently preserved under the State Farmland Preservation Program by the SADC, a county, local government unit or qualifying tax exempt nonprofit organization
  - ❑ The premises meet the definition of a commercial farm pursuant to the Right to Farm Act. A “commercial farm” means:
    1. A farm management unit of no less than five acres producing agricultural or horticultural products worth \$2,500 or more annually, and satisfying the eligibility criteria for differential property taxation pursuant to the Farmland Assessment Act of 1964, N.J.S.A. 54:4-23.1 et seq.; or
    2. A farm management unit less than five acres, producing agricultural or horticultural products worth \$50,000 or more annually and otherwise satisfying the eligibility criteria for differential property taxation pursuant to the Farmland Assessment Act of 1964, N.J.S.A. 54:4-23.1 et seq.
- “Farm management unit” means a parcel or parcels of land, whether contiguous or noncontiguous, together with agricultural or horticultural buildings, structures and facilities, producing agricultural or horticultural products, and operated as single enterprise.
- ❑ No other special permit for a personal wireless service facility on the preserved premises has been granted
  - ❑ No federal funds were utilized for the purchase of the development easement on the subject farm.
  - ❑ There is no commercial nonagricultural activity in existence on the premises at the time of this application for the special permit or on any portion of the farm not subject to the development easement. [If such an activity exists, please explain on a separate sheet and provide a detailed description].
  - ❑ A special permit for a personal wireless service facility has not been previously issued on a parcel of land created as a result of a division of the preserved farm

**If any of the above items are not “checked”, the owner of the premises is not eligible to apply for a special permit to erect a personal wireless service facility. If clarification is needed, please contact the State Agriculture Development Committee at (609) 984-2504.**

**Checklist of Enclosed Items** (ALL checklist items are **REQUIRED** for administrative completeness of this application; Omissions may delay review of this application.)

**PLEASE READ AND FOLLOW THE GENERAL DIRECTIONS FOR COMPLETING THE PERSONAL WIRELESS SERVICE FACILITY APPLICATION CAREFULLY**

**AND BE SURE TO PROVIDE ALL DOCUMENTATION AS REQUIRED ON THE CHECKLIST**  
COMPLETE Application must be submitted to the owner of the development easement and the State Agriculture Development Committee

- Completed Application and signed
- Schedules “A” through “M” attached
- Current **RECORDED DEED** of Ownership [copy]
- Recorded **DEED OF EASEMENT** [copy]
- TAX MAP** with lot boundaries, existing residences, and adjacent land uses clearly identified
- COMMERCIAL FARM** verification including **Farm Tax Assessment (“FA-1”) Form** and copies of all supporting documents
- SURVEY PLAT WITH ALL APPLICATION INFORMATION**
- DIGITAL PHOTOS** of interior and exterior of structure in which the facility is proposed
- DIGITAL PHOTOS** of the location of the proposed activity at distances and locations appropriate to enable consideration of the impact the facility will have on the existing landscape
- GIS MAP** or 7.5 minute **USGS TOPOGRAPHIC QUAD MAP** with the application lot boundaries delineated
- USDA, NRCS or GIS SOILS MAP** with lot boundaries and exceptions clearly identified
- SOIL CALCULATIONS** including soil map units, acres and percentages of each unit. Include important farmland soils (prime, statewide importance, unique and other).
- Description of any **commercial nonagricultural activity already existing** on the premises
- Application fee of \$1,000 made payable to the State of New Jersey, State Agriculture Development Committee in the form of a money order or bank check
- Signature of owner(s), contract purchaser(s) or estate representative(s) [use additional sheets if necessary]**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## APPLICANT INFORMATION

Please number each **DUPLICATED** page for **THIS SECTION**. (e.g., Page 1 of 3)

**Duplicate this sheet as necessary to INDICATE ALL APPLICATION PARTICIPANTS.**

Please enter for each related party applying for easement purchase (landowner of record, contract purchaser, current owner of the easement); If the applicant is an estate represented by an executor, please list the executor as the primary applicant contact if there is more than one applicant/owner. If the applicant is represented by an attorney or other legal representation, please provide that individual's contact information in the appropriate space provided below.

Name (Primary Contact): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone (bus.): \_\_\_\_\_ Fax: \_\_\_\_\_

Phone (home): \_\_\_\_\_

Type of Application Participation: (check one)

- |   |   |
|---|---|
| <input type="checkbox"/> Sole Proprietor (Husband/Wife)       | <input type="checkbox"/> Contract Purchaser (Fee Simple)    |
| <input type="checkbox"/> Partner of a Partnership             | <input type="checkbox"/> Proprietor or Multi-Proprietor     |
| <input type="checkbox"/> Executor/Administrator of an Estate* | <input type="checkbox"/> Corporate Officer in a Corporation |
| <input type="checkbox"/> Conservation Organization            | <input type="checkbox"/> Institution                        |
| <input type="checkbox"/> Trustee of a Trust                   |   |

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone (bus.): \_\_\_\_\_ Fax: \_\_\_\_\_

Phone (home): \_\_\_\_\_

\*If Executor or Administrator, set forth date of death of record owner of farm: \_\_\_\_\_

Type of Participation: (check one)

- |   |   |
|---|---|
| <input type="checkbox"/> Sole Proprietor (Husband/Wife) | <input type="checkbox"/> Contract Purchaser (Fee Simple)    |
| <input type="checkbox"/> Partner of a Partnership       | <input type="checkbox"/> Proprietor or Multi-Proprietor     |
| <input type="checkbox"/> Executor of an Estate          | <input type="checkbox"/> Corporate Officer in a Corporation |
| <input type="checkbox"/> Conservation Organization      | <input type="checkbox"/> Institution                        |
| <input type="checkbox"/> Trustee of a Trust             |   |

Primary Contact if not applicant/owner \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone (bus.): \_\_\_\_\_ Fax: \_\_\_\_\_

Phone (home): \_\_\_\_\_

- Lawyer or Legal Representative       Realtor of a Real-estate Agency       Other

**BLOCK, LOT & ACREAGE**

Please number each **DUPLICATED** page for **THIS SECTION ONLY** (e.g., Page 1 of 3)

Duplicate this sheet as necessary to **INDICATE EACH LOT and its ACREAGE SEPARATELY.**

County / Municipal Code: \_\_\_\_\_ Block: \_\_\_\_\_ Lot: \_\_\_\_\_ Acres: \_\_\_\_\_

County / Municipal Code: \_\_\_\_\_ Block: \_\_\_\_\_ Lot: \_\_\_\_\_ Acres: \_\_\_\_\_

County / Municipal Code: \_\_\_\_\_ Block: \_\_\_\_\_ Lot: \_\_\_\_\_ Acres: \_\_\_\_\_

County / Municipal Code: \_\_\_\_\_ Block: \_\_\_\_\_ Lot: \_\_\_\_\_ Acres: \_\_\_\_\_

County / Municipal Code: \_\_\_\_\_ Block: \_\_\_\_\_ Lot: \_\_\_\_\_ Acres: \_\_\_\_\_

County / Municipal Code: \_\_\_\_\_ Block: \_\_\_\_\_ Lot: \_\_\_\_\_ Acres: \_\_\_\_\_

County / Municipal Code: \_\_\_\_\_ Block: \_\_\_\_\_ Lot: \_\_\_\_\_ Acres: \_\_\_\_\_

County / Municipal Code: \_\_\_\_\_ Block: \_\_\_\_\_ Lot: \_\_\_\_\_ Acres: \_\_\_\_\_

TOTAL: \_\_\_\_\_

ACREAGE BASED ON:

Tax map acres

Survey acres

## **GENERAL APPLICATION INFORMATION**

### **PLEASE PROVIDE THE FOLLOWING INFORMATION WITH THE APPLICATION FOR A PERSONAL WIRELESS SERVICE FACILITY:**

1. Copy of recorded deed of the record owner: (Obtain from the office of the county clerk)  
ATTACH AS SCHEDULE "A"
2. Copy of recorded deed of easement: (Obtain from the office of the county clerk)  
ATTACH AS SCHEDULE "B"
3. Proof that the premises is a commercial farm: (Provide copies of farmland assessment forms, invoices, tax returns, etc. verifying that the farm management unit of five acres or greater produced agricultural or horticultural products worth \$2,500 or more annually, and satisfying the eligibility criteria for differential property taxation pursuant to the Farmland Assessment Act of 1964, N.J.S.A. 54:4-23.1 et seq., or a farm management unit of less than five acres, produced agricultural or horticultural products worth \$50,000 or more annually and otherwise satisfying the eligibility criteria for differential property taxation pursuant to the Farmland Assessment Act of 1964, N.J.S.A. 54:4-23.1 et seq.)  
ATTACH AS SCHEDULE "C"
4. Survey plat identifying the premises including identification and labeling of all existing structures, streams, other features and identification of the structure(s) in or on which the personal wireless service facility is to be placed. The survey plat shall also include:
  - ❑ Location and size of the proposed structure(s) to accommodate the personal wireless facility [not to exceed 500 square feet]
  - ❑ Proposed expansion of any existing structure(s) to accommodate the personal wireless facility [not to exceed 500 square feet in footprint area in total for all structures necessary to accommodate the personal wireless facility]
  - ❑ Description of how access (ingress/egress) will be provided.
  - ❑ Identification of the area that will be used to accommodate parking, including the number of existing parking spaces, the number of parking spaces that will be needed, delineation of proposed parking spaces, and whether the spaces will be paved or unpaved.ATTACH AS SCHEDULE "D"
5. Digital photographs of the interior and exterior of the structure(s) in which the personal wireless facility is proposed (hard copy and digital copy). ATTACH AS SCHEDULE "D1"
6. Digital photographs of the location of the proposed personal wireless facility taken from an adequate distance and from all locations to assist in visualizing the impact of the proposed facility on the existing landscape (hard copy and digital copy).  
ATTACH AS SCHEDULE "D2"

7. a. Identify and describe any commercial nonagricultural activity already in existence on the premises at the time of the application for the special permit or on any portion of the farm (severable or non-severable exception area) that is not subject to the deed of easement.  
ATTACH AS SCHEDULE "E1"
- b. Identify any commercial nonagricultural activity on the premises for which a special permit was issued pursuant to N.J.A.C. 2:76-22.1.  
ATTACH AS SCHEDULE "E2"

8. Set forth the following in **complete detail**:

- ❑ Describe how the location, design, height and aesthetic attributes of the personal wireless service facility reflect, to the greatest degree possible without creating an undue hardship on the applicant or an unreasonable impediment to constructing the facility, the public interest of preserving the natural and unadulterated appearance of the landscape and structure(s).
- ❑ Describe any camouflage of the personal wireless service facility which will minimize visual impact.
- ❑ Justification that any proposed construction of a new structure or expansion of an existing structure is necessary for the operation or functions of the personal wireless service facility.
- ❑ If a new structure is being proposed, the applicant must certify, on a separate sheet, that there are no existing structures on the premises that could be utilized or occupied to adequately support the personal wireless service facility, and describe the deficiencies associated with any such structure.
- ❑ If an existing structure is proposed for expansion in order to accommodate the personal wireless service facility, provide justification that the area of the proposed footprint of the expanded structure is reasonably calculated based solely on the demands of accommodating the facility and does not include excess space.
- ❑ Describe the amount of vehicular traffic the applicant expects to be generated by, and the number of employees required for, the personal wireless service facility.
- ❑ An estimate of the cost and time needed for completion of a functional wireless service facility.
- ❑ Identification of the requested time period for which the special permit will be effective, provided that any request for an effective period of over five (5) years requires justification for the longer period.

ATTACH AS SCHEDULE "F"

9. Attach copies of all federal and state approvals, as well as copies of all municipal zoning and planning board approvals, for the proposed activity. [Copies are to be provided regardless whether the approvals were obtained by the applicant, the personal wireless service company, or both]. PLEASE NOTE: Copies of all approvals are to be provided even if the proposed facility includes a compatible wireless communication use which may otherwise

exempt the proposed facility from obtaining such approvals (e.g., law enforcement or emergency response communication equipment). ATTACH AS SCHEDULE “G”

10. Explain how the personal wireless service facility will not interfere with the use of the land for agricultural purposes. ATTACH AS SCHEDULE “H”
11. Explain how the personal wireless service facility utilizes the land and structures in their existing condition. ATTACH AS SCHEDULE “I”
12. Explain how the personal wireless service facility will not have an adverse impact upon the soils, water resources, air quality or other natural resources of the land or the surrounding area. ATTACH AS SCHEDULE “J”
13. Identify the location of the proposed personal wireless service facility on a:
  - a. USDA, NRCS soils map based on SSURGO version 2.2 standards or newer; the mapping units shall identify prime soils, soils of statewide importance, unique and/or of local importance;
  - b. USGS topographic quadrangle map;
  - c. current tax map; and
  - d. NJ Department of Environmental Protection wetlands map.

PLEASE NOTE: The maps and map scales must provide easily visible and comprehensible information for SADC review given the size of the subject premises and of the proposed structure(s), use(s) and facilities set forth in the application.  
ATTACH AS SCHEDULE “K”

14. Provide detailed responses to the following:
  - a. Attach a written description from the wireless service company as to how the personal wireless service facility is necessary and serves a public benefit by potentially improving cellular communications, in particular for emergency purposes;
  - b. Whether or not the wireless service company is requiring the conveyance of an easement or another interest in the premises to construct or access the personal wireless service facility; if such an easement or other interest is required, attach copies of the proposed conveyance document(s), a location map and/or a survey
  - c. Attach a letter of commitment from the wireless service facility company that it will allow, at no charge to the requesting State or local governmental entity, the sharing of the facility for any State- or locally-owned or sponsored compatible wireless communications use for public purposes, such as law enforcement or emergency response communications equipment, as approved by the SADC.  
ATTACH AS SCHEDULE “L”
15. Enclose an application fee in the amount of \$1,000 made payable to the State Agriculture Development Committee in the form of a money order or bank check.  
ATTACH IN AN ENVELOPE AS SCHEDULE “M”.