

Town of Little Compton

LITTLE COMPTON AGRICULTURAL CONSERVANCY TRUST

APPLICATION TO DONATE DEVELOPMENT RIGHTS

1. APPLICANT'S NAME(S): \_\_\_\_\_

2. ADDRESS: \_\_\_\_\_

3. TELEPHONE NUMBER: DAY \_\_\_\_\_ NIGHT \_\_\_\_\_

4. BUSINESS OR CORPORATE NAME (IF ANY) \_\_\_\_\_

5. LOCATION OF PROPERTY (LIST ALL PLAT AND LOT NUMBERS [SEE TAX BILL FOR SAME]):

Plat number(s) \_\_\_\_\_

Lot Number(s) \_\_\_\_\_

6. APPROXIMATE TOTAL ACRES OF DEVELOPMENT RIGHTS BEING OFFERED FOR DONATION. (Please submit a sketch with your application showing approximate area to be conveyed. You might find it helpful to draw such from a copy of the Tax Maps.)

\_\_\_\_\_

7. APPROXIMATE TOTAL NUMBER OF ACRES FROM LINE 6, IF ANY BEING ACTIVELY FARMED.

\_\_\_\_\_

8. IS THIS LAND LEASED TO ANYONE ELSE? \_\_\_\_\_

If yes, number of acres \_\_\_\_\_

Length of remaining lease \_\_\_\_\_

**9. IS THIS LAND NOW FOR SALE OR BEEN OFFERED FOR SALE AT ANY TIME IN THE LAST FIVE (5) YEARS ?**

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**10. IF PROPERTY IS A FARM, DO ANY REASONS EXIST WHICH MIGHT CAUSE DISCONTINUATION OF FARMING OPERATIONS ON YOUR LAND IN THE NEXT FIVE (5) YEARS?( Health, retirement, need to sell estate, need to relocate, etc.)**

If yes, please explain \_\_\_\_\_

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**11. IN THE SPACE PROVIDED (USE ADDITIONAL SHEETS IF NECESSARY) STATE ANY ADDITIONAL INFORMATION WHICH YOU FEEL MAY HELP THE CONSERVANCY TRUST EVALUATE YOUR LAND FOR DONATION OF DEVELOPMENT RIGHTS:**

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

**APPLICANT'S SIGNATURES:**

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