

(Office use only)

Serial #: \_\_\_\_\_

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

Initial: \_\_\_\_\_

Application Fee: \$35.00

Revocation Fee: \$20.00

(Check or Money Order to "FCVAD")

**Application for Participation in  
The Franklin County  
Voluntary Agricultural District Program**

**A. APPLICANT INFORMATION**

Name(s): \_\_\_\_\_

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

\_\_\_\_\_

Phone: (day) \_\_\_\_\_ (evening) \_\_\_\_\_

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

**B. PROPERTY INFORMATION**

Owner(s): \_\_\_\_\_

Is farm approved for the Land Use Value Taxation Program? \_\_\_Yes \_\_\_ No

Please list the agricultural commodities that are produced on the farm for which application is being made:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**STREET ADDRESS**  
(Ex: 100 My Farm Rd  
Any Town, NC)

**PROPERTY CODE**  
Parcel ID #  
(Ex. 123456)

**ACRES**  
(Ex: 100)

\_\_\_\_\_

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**FSA/USDA FARM #**  
(Ex: 1234)

**TOWNSHIP**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(For additional tracts, use back of this form)

**(Additional Tracts)**

**STREET ADDRESS**  
**(Ex: 100 My Farm Rd**  
**Any Town, NC)**

**PROPERTY CODE**  
**Parcel ID #**  
**(Ex. 123456)**

**ACRES**  
**(Ex: 100)**

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**FSA/USDA FARM #**  
**(Ex: 1234)**

**TOWNSHIP**

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