

HALFMOON TOWNSHIP

100 MUNICIPAL LANE, PORT MATILDA PA 16870-9335

PHONE 814-692-9800 FAX 814-692-7585 E-MAIL: MANAGER@HALFMOONTWP.US

OFFICES OPEN MONDAY - FRIDAY 9:00 A.M. - 4:30 P.M. (Closed noon to 1:00 for lunch)

APPLICATION FOR ENTERING INTO EASEMENT AGREEMENT TO CREATE A CONSERVATION OR PRESERVATION EASEMENT UNDER SECTION 500(A)(1) TOWNSHIP OF HALFMOON ORDINANCE No. 2003-02 As Amended.

The Township must have first lien position on the property for any easement agreement. If a mortgage or other encumbrances exist on the applicant's property, the applicant shall be responsible for obtaining consent from the encumbrance holder allowing the conservation easement to be recorded in first lien position. This may include, but is not limited to, subordination agreements, lien releases or mortgage lender approvals. The applicant is responsible for obtaining such documentation and for all costs associated with such documentation, including document preparation fees, recording fees, and appraisal fees, if determined to be necessary.

Instructions:

1. All Information must be printed or typed.
2. Incomplete Applications will be returned.
3. Attach a copy of a recorded deed.
4. Attach an aerial photograph of the property and an overlay drawing of the tract showing the location of the structures, roads and other man-made features; present uses of the land; and natural features. The applicant will add the man-made and prominent natural features, and the present land uses, as required. To facilitate preparation of this drawing, the Township will provide a representation of the parcel as shown on the tax map.
5. A list of all liens on the property and those that hold the liens with their contact information.

Section 1: Name or names of the owner of record: List names as on the recorded deed for the parcel to be considered for application. If this property is in estate or trust list the name of the estate or trust and the administrator of the

estate or trust.

Section 2: Name and Address of All Mortgage or Lien Holders: List names and address and loan numbers (if known) of all mortgage or lien holders on the property and the amount of said lien.

Section 3: Address of property: the location of the property, ie: Lot No. Subdivision Name or 123 Main Street, Port Matilda or Warriors Mark PA.

Section 4: Mailing Address: the current mailing address of the applicant or contact person that will be used to contact the applicant in regard to this application.

Section 5: Tax Parcel No.: the UPI# assigned by the county. This number may be found on any property tax receipt or by contacting the Township Office. It starts with 17- - .

Section 6: Total Deed Acres: This is the total of the acres in the parcel to be considered, ie: 100 acres etc.

Section 7: Phone Number & Contact Person: This information is the point of contact that the Township will use for any communication or questions on this application. It will also be used to set up inspections as required and as a point of contact should any questions arise in the processing of this application.

Section 8: Authorizations: This authorizes the Township and/or Township Solicitor to complete on-site inspections, conduct title searches and approve title insurance as satisfactory.

Section 9: Permanent Easement option: Complete this section ONLY if you wish to enter or offer a permanent easement.

Section 10: Advanced Payment Request: Complete this section ONLY if you are requesting an advanced payment.

Notice: Help in completion of this application may be obtained by contacting the Township Administrative Office at 100 Municipal Lane Port Matilda Pa. 16870 - 814-692-9800 - Office Hours M-F 9:00 am. - 4:30 pm, closed 12:00 – 1:00 p.m.. Persons with a disability who wish to attend public hearings or need other accommodations or require auxiliary aid, service to participate should contact the Halfmoon Township Office to arrange for accommodations in the completion or participation in this program.

Section 1:

Name(s) of Owner of Record: _____

Section 2:

Address of Property: _____

Section 3:

Mailing Address:

Section 4:

Tax Parcel Number: 17- __ - _____

Section 5:

Total Deed Acres: _____

Section 6:

Contact Person: _____

Contact Phone Number: _____

Section 7: Please initial the following authorizations:

The applicant authorizes Township Officials to make on-site inspections as part of the application review. _____

The applicant authorizes the Township and its Solicitor to conduct a title search of the property and for the landowner to cooperate in any way in order to complete said search. A portion of the tax revenues received by the Township pursuant to and authorized by Resolution 1999-21 and Act 153 shall be used to pay the costs and fees incurred by the Township for the title search, which said title search is necessary for the Township to purchase open space property interests from a landowner. However, any additional costs or costs associated by insuring the Township's easement is in first lien position shall be borne solely by the applicant.

Authorization that the applicant indicates that to be eligible to be admitted to the program, the applicant must authorize the obtaining of title insurance satisfactory to the Township Solicitor. The applicant will be responsible for obtaining and providing 100% of the cost of the title insurance policy or title binder upon successful entry into the program.

Section 8: The Applicant wishes to offer to Halfmoon Township options for any other interests in this real property. Such sale or permanent easement to Halfmoon Township is as listed:

Section 9: The applicant wishes to request an advanced payment. Please indicate whether you wish to request a 5, 10, 15 or 20 year advance. Advanced payments shall not need exceed twenty years. If you choose a twenty year advance you must enter into a Note with the Township for the entire amount(s) of the advance payment secured by a mortgage, and pay the cost for same. If there are prior mortgages, then the applicant must have appropriate documentation prepared and recorded placing the Township's mortgage in front of any other liens on the property.

I / (we) the undersigned acknowledge that I/ (we) are familiar with the provisions of the Halfmoon Township Open Space Preservation Program as set forth in Halfmoon Township Ordinance No. 2003-02 as amended. Furthermore, I/ (we) are familiar with the Halfmoon Township Land Rating System and the Conservation Easement Agreement set forth by Halfmoon Township Ordinance No. 2003-02 as amended. In addition, any and all information provided in this application is true and correct to the best of my/our knowledge. I/ (we) permit any and all information provided in or by this application to be used for the review and processing of this application.

_____ Date: _____

: OFFICIAL USE ONLY:

DATE RECEIVED: _____

File No. ____ - _____

All required documentation is attached Yes ___ No.

Copy Sent to OSPB: _____

Copy Sent to Township Solicitor: _____

Copy Sent to M.P.C.: _____

Copy Sent to Chair BOS: _____

Land Rating System Total Point: _____

Date of Inspection by OSPB: _____

Presentation to the M.P.C.: _____

Review submitted to BOS by OSPB: _____

Review Submitted to BOS by M.P.C.: _____

Date of Public Hearing: _____

Offer Issued by BOS: _____ Date: _____

Date Conservation or Preservation Easement Accepted by Landowner: _____

Date of Recording with the Centre County Recorder of Deeds: _____ UPI #

Deed Recording Book No. ____ Page No. ____ Notice submitted to School District: _

Date of Termination: _____ Type of Termination: _____

Property Rejection:() Date: _____ Date of Notice of Rejection: _

Reason(s) for rejection: _____

If the property is rejected: Signed: _____ Chair OSPB _____ V.Chair
OSPB