APPLICATION FOR PLACEMENT OF FARMLAND IN AN AGRICULTURAL DISTRICT (O.R.C. Section 929.02)

(See pages 4 & 5 for General Information regarding this Application)

INSTRUCTIONS FOR COMPLETING APPLICATION

Print or type all entries.

- List description of land as shown on the most recent tax statement or statements. Show total number of acres.
- Describe location of property by roads, etc., and taxing district where located.
- State whether any portion of land lies within a municipal corporation.
 - Note: See "Where to File" on page 5 to be sure that a copy of this Application is also filed with the Clerk of the municipal legislative body as well as the County Auditor.
- A renewal application must be submitted after the first Monday in January and prior to the first Monday in March of the year in which the agricultural district terminates for the land to be continued in this program.
- If the acreage totals 10 acres or more, do not complete Part D.
- \circ If the acreage totals less than 10 acres, complete either D (1) or (2).

Owner's Name:		
Owner's Address:		
Description of Land as Shown	on Property Tax Statement:	
Location of Property:	,	
	Street or Road	County
TAX DISTRICT(S)	PARCEL NUMBER(S)	# of Acres
	Total N	umber of Acres:

B. Does any of the land lie within a municipal corporation limit or subject to pending annexation? Yes _____ No _____

If YES, REMEMBER a copy of this application must be submitted to the Clerk of the municipal legislative body.

C. Is the land presently being taxed at its current agricultural use valuation under Section 5713.31 of the Ohio Revised Code? Yes _____ No _____

1. If "NO" complete the following showing how the land was used the past three years:

<u>L</u>	AST YEAR Acres	<u>TWO</u>	YEARS AGO Acres	<u>THRI</u>	EE YEARS AGO Acres
Cropland			Acres		Actes
Permanent Pasture used for animal husbandry					
Woodland devoted to commercial timber and nursery stock					
Land Retirement or Conservation Program pursuant to an agreement with a federal agency					
Building areas devoted to agricultural production					
Roads, building areas, and all other areas not used for agricultural production					
Total Acres					

D. Does the land for which the application is being made total 10 acres or more devoted exclusively to agricultural production or devoted to and qualified for payments or other compensation under a land retirement or conservation program under an agreement with an agency of the federal government? Yes____ No____

If "No," complete the following:

1. Attach evidence of the gross income for each of the past 3 years, if the average yearly income from agricultural production was at least twenty-five hundred (\$2,500.00) dollars or more, **or**

2. If the owner anticipates that the land will produce an annual gross income of twenty-five hundred (\$2,500.00) dollars or more, evidence must be attached showing the anticipated gross income.

Authorization and Declaration

By signing this application I authorize the county auditor or his duly appointed agent to inspect the property described above to verify the accuracy of this application. I declare this application (including accompanying exhibits) has been examined by me and to the best of my knowledge and belief is a true, accurate and correct application. I understand that land removed from this program before the 5-year enrollment period is subject to penalty, in accordance with Section 929.02(D) of the Ohio Revised Code.

	Date:						
Signature of Owner							
DO NOT COMPLETE FOR OFFICIAL USE ONLY							
Action of County Auditor		CAUV Application No					
Application Approved Rejected	*						
Date Application Filed with County Auditor							
Date Filed (if required) with Clerk of Municipal Co	orporation						
County Auditor's Signature	Date						
Date Decision Mailed to Applicant	Certified Mail No						
***********	******	*****					
Action of Legislative Body of Municipal Corporat	ion						
Application Approved Approved with Mo	odifications* Rejected	*					
Date Application Filed with Clerk							
Date of Public Hearing							
Date of Legislative Action							
Clerk's Signature	Date						
Date Decision Mailed to Applicant	Certified Mail No						

* IF MODIFIED OR REJECTED, ATTACH SPECIFIC REASONS FOR MODIFICATION OR REJECTION