

AGRICULTURAL AND FORESTAL APPLICATION

Owner of Record Details

Owner of Record

Address

City

State

Zip

Phone #

Fax #

E-mail

Owner/Applicant Must Read and Sign

I hereby certify that I own the subject property, or have the legal power to act on behalf of the owner in filing this application. I also certify that the information provided on this application and accompanying information is accurate, true, and correct to the best of my knowledge. By signing this application, I am consenting to written comments, letters, and or notifications regarding this application being provided to me or my designated contact via fax or email. This consent does not preclude such written communication from also being sent via first-class mail. I also consent to give Planning/Zoning Staff the right to enter this property to conduct inspections, if necessary

Signature of Owner/Agent or Contract Purchaser

Date

Print Name

Phone number of Signatory

Tax Map #

Acreage

Zoning

Existing Use

Proposed Use