

Application For Placement Of Farmland
In An Agricultural District O.R.C. (Section 929.02)

(See Reverse Side For Instructions Before Completing Application)

New Application _____
Renewal Application

Phone Number: 330-418-0933

A. Owner's Name: JoAnn Poulton

Owner's Address: 5457 Stow Rd Hudson, OH 44236

Description of Land as shown on property tax statement: 14 continuous acres

Location of Property: 5457 Stow Rd Hudson, OH 44236
(Address of Street or Road)

Parcel Number (s)
30-00724

Tax District (s)
Summit County

Total Number Of Acres 14

B. Does any of the land lie within a municipal corporation limit? Yes No _____

C. Is the land presently being taxed at its current agricultural use valuation under section 5713.31? O.R.C.?
Yes No _____

1. If you checked "no" above show the following evidence of land use:

| | <u>Last Year</u> Acres | <u>Two Years Ago</u> Acres | <u>Three Years Ago</u> Acres |
|--|---------------------------|-------------------------------|---------------------------------|
| Cropland | | | |
| Permanent Pasture | | | |
| Woodland | | | |
| Land Retirement or Conservation Program | | | |
| Building Areas | | | |
| Roads and Waste | | | |
| Total Acres | | | |



D. If the land for which application is being made is less than 10 acres then:

- Attached evidence of the gross income for each of the past 3 years, or
- If the owner anticipates that the land will produce an annual gross income of \$2500 or more, evidence must be attached showing the anticipated gross income.

By signing this application I authorize the Fiscal Officer or his duly appointed agent to inspect the property described above to verify the accuracy of this application. I declare this application (including accompany exhibits) has been examined by me and to the best of my knowledge and belief is a true, accurate and correct report.

Signature of Owner: John S. Poulton Date: 2.17.20

Below This Line For Official Use Only

Fiscal Officer's Signature: _____ Date: _____

Date Filed (if required) with Clerk of Municipal Corporation: 3-3-2020

Clerk's Signature: Elizabeth Slagle

Action of Legislative Body of Municipal Corporation: Application Approved _____

Approved With Modifications _____ Rejected _____

Date of Legislative Action: _____ Clerk's Signature: _____

- If Modified Or Rejected, Attach Specific Reasons For Modification Or Rejection