

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) 650 0340

A. Owner's Name: Brown Farms One LLC, Brown Farms Two LLC, Sheryl L Brown trustee

Owner's Address: 34 Wellgate Drive Hudson Ohio 44236

Description of Land as shown on property tax statement: Lots 1#11 North of Seasons and West of Rt. 8, Lots 28+38 N of Barlow and E of Barlow Farm Park.

Location of Property: Farm One at Barlow Rd. Farm Two at Seasons Rd. and Rt. 8.
(Address of Street or Road)

Parcel Number (s)

Tax District (s)

30 04148 30 04151

Barlow Road Hudson 25.87 acres

31 00004 30 04417 30 09208

Seasons Road Hudson 37.26 acres

Total Number Of Acres 63.08

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:

1. Attached evidence of the gross income for each of the past 3 years, or
2. 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.

WFB Sheryl L. Brown Lane R. Brown Megan K. Brown
Signature of Owner _____ Date: 1/18/2020

Below This Line For Official Use Only

Fiscal Officer's Signature: _____ Date: _____

Date Filed (if required) with Clerk of Municipal Corporation: 1/21/2020

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