

Reset Form

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: 330.554.4881

A. Owner's Name: Joseph H. Struborny

Owner's Address: 5578 Shawnee Trail Hudson, Ohio 44236

Description of Land as shown on property tax statement:

Location of Property: 5578 Shawnee Trail Hudson, Ohio 44236 of Terex Rd 600' E/F

Parcel Number (s) 596 Terex Rd Hudson Ohio 44236

Tax District (s) #30 06 766  
30-02989  
30-02990

30-09600, 30-02990, 30-06766  
30-02989, 30-09602, 30-09601  
30-09598, 30-09599

30 Hudson City - Hudson CSID

Total Number Of Acres 105.0474

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:

	Last Year Acres	Two Years Ago Acres	Three Years Ago 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.

Signature of Owner: Joseph H Struborny Date: 1/15/19

Below This Line For Official Use Only

Fiscal Officer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date Filed (if required) with Clerk of Municipal Corporation: 1/17/2019

Clerk's Signature: Elizabeth Slagge

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

