

APPLICATION FOR AGRICULTURAL USE PERMIT

APPLICATION NO	APPROVED D	OATE:	APPROVED I	3Y:	
	TO BE COM	PLETED BY AF	PPLICANT		
Applicant Name:		Phone:			
Mailing Address:		City:	State:	ZIP:	
Email Address:					
Address/Legal Description of Prop	perty:				
Total land area to be used, not incl	uding buildings:				
Owner Name:	Phone:				
Mailing Address:		_ City:	State:	ZIP:	
Intended Land Use:	HAY	PASTUR	E		
Number and type of animals to be	kept on the property:				
For hay use: First cutting must occ perimeter of 10 feet shall be mainta	•	•	ust occur no later than Octo	ober 1. A neatly maintained	
For pasture use: Weeds must be n	o taller than the surround	ling grass. Refer	to animal control ordinanc	e for animal regulations.	
Noxious weeds are not permitted. penalties being assessed by the Cit		15 weeds will rest	Ilt in the revocation of your	permit and could result in	
Agricultural use may not begin un on December 31 of the year issued		a signed permit.	Permits are good for the ca	lendar year only and expire	
If applicable, a copy of the lease ag	reement between the pro	perty owner and	the tenant shall accompany	this application.	
The office of the Zoning Administr	rator reserves the right to	act upon this ap	plication within 30 days of 1	receipt.	
APPLICANT SIGNATURE:			DATE:		