

LEAVENWORTH COUNTY PLANNING & ZONING DEPARTMENT

**Agricultural Exemption Application for
Single-Family Residential Dwelling and Accessory Buildings**

OWNER / APPLICANT INFORMATION

Applicant _____ Daytime Phone _____

Mailing Address _____

City _____, State _____, Zip _____

LOCATION DESCRIPTION

Please attach a copy of the most current deed that describes this tract and any adjoining parcels that you farm.

Property Address _____ Parcel Size _____ Acres

STAFF USE ONLY S-T-R _____ Appraiser PID No. _____

DESCRIPTION OF AGRICULTURAL ACTIVITY

Type of Livestock Raised _____

Number of Each Type _____

Purpose (e.g. income; recreational; 4-H project; etc.) _____

Type of Crops Grown _____ Total Acres Cropped _____

Purpose (e.g. income; gardening; 4-H project, etc.) _____

Farm Equipment Owned _____

Other Agricultural Activity on the Tract

Do you sell commodities that are produced on the farm? Yes No
If yes, please list

If yes, please attach a copy of the previous year's income tax form (IRS Schedule F) for this farm. If you do not have one, please explain why

Is this tract used for any activity other than agricultural? Yes No
If yes, please explain

Do you own or lease additional property for agricultural purposes? Yes No

If yes, Own Lease, Total Number of Acres _____

Location _____

DWELLING UNIT / ACCESSORY BUILDING DESCRIPTION

Total size of dwelling unit/accessory building _____ sq. ft.

Number of bedrooms _____

Number of persons that will occupy the dwelling unit _____

Will you receive income from this dwelling unit? Yes No

If not, please describe the arrangement with the tenant _____

(If the person will be living in the dwelling unit in exchange for work on the farm, please attach a copy of a signed lease agreement or other instrument that documents that arrangement)

FARM EMPLOYEE/FAMILY MEMBER INFORMATION

Name _____ Daytime Phone _____

Mailing Address _____

City _____, State _____, Zip _____

Relationship to Applicant: Farm Employee Farm Family Member

If the person is receiving or will receive employee wages from the farm, please provide documentation of that fact (e.g. W-4, copies of paychecks, employee contracts, etc.)

Describe job functions/tasks this person will perform to assist in the operation of the farm

On average, how many hours per week will this person perform farm-related functions/tasks?

_____ hrs/week

Explain why this position is necessary for the continuation of the agricultural operation

Explain why it is necessary for this person to reside on the farm site

APPLICANT ACKNOWLEDGEMENT & SIGNATURE

I, the Applicant named above, do hereby affirm the all of the information contained in this application is true and correct. I further affirm that the primary use of this tract is for agricultural production as a principal business enterprise.

Applicant Signature

Date

SUPPLEMENTAL ACKNOWLEDGEMENT FOR A SINGLE-FAMILY DWELLING

I understand that the dwelling unit described herein must be occupied by the person identified herein and no other person. I further affirm that said person will assist with the operation of the farm as described herein. I understand and acknowledge that I must submit a new application if a new tenant is to occupy the accessory dwelling unit and that approval to occupy said dwelling unit may or may not be approved at that time.

Applicant Signature

Date

FARM EMPLOYEE/FAMILY MEMBER ACKNOWLEDGEMENT & SIGNATURE

I, _____, do hereby affirm that the information provided herein is true and correct to the best of my knowledge. I further affirm that I will perform the farm-related functions/tasks as described herein and that I will continue to do so for the number of hours described, for as long as I occupy the said dwelling unit.

Farm Employee/Family Member Signature

Date

CHECKLIST OF ATTACHMENTS

- Deed
- IRS Schedule F (If applicable)

- W-4 (if applicable)
- Signed lease (if applicable)