

**BENTON COUNTY DEPARTMENT OF HEALTH AND LAND USE  
ADMINISTRATION  
P.O. BOX 327  
VINTON, IA 52349  
PHONE: (319) 472-3119**

**BENTON COUNTY AGRICULTURAL LAND PRESERVATION ORDINANCE**

**APPLICATION FOR FARM EXEMPTION**

**APPLICANT:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**OWNER(S):** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**LEGAL DESCRIPTION (1/4 1/4 SECTION, TWP., RANGE):** \_\_\_\_\_

**REASONS FOR CLAIMING EXEMPTION:** \_\_\_\_\_

\_\_\_\_\_

**This application must be signed by the person seeking an exemption from the AGRICULTURAL LAND PRESERVATION ORDINANCE, and the owner(s) of the parcel for which the exemption is sought, if the applicant is not the owner.**

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**Applicant Signature**

**Owner(s) Signature**

**NOTE: Benton County reserves the right to request that the applicant for a farm exemption provide supportive documentation, as may be needed, in review of the application submitted.**

\*\*\*\*\***FOR OFFICE USE ONLY**\*\*\*\*\*

**Action taken by the Board of Supervisors:** \_\_\_\_\_

**By:** \_\_\_\_\_, **Administrative Officer**