

**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: _____

ADDRESS: _____ **PHONE:** _____

OWNER(S): _____

ADDRESS: _____ **PHONE:** _____

LEGAL DESCRIPTION: _____

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.

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**