

**APPLICATION FOR PLACEMENT OF FARMLAND IN AN
AGRICULTURAL DISTRICT (R.C. Section 929.02)**

File Number 563
New Application ☒
Renewal Application ☒



A. Owner's Name: St. Margaret's Episcopal Church
Owner's Address: 5301 Free Pike Dayton, OH 45426-2441
Description of Land as shown on Property Tax Statement: 5E-4-14
Location of Property: Free Pike

TAX DISTRICT(S)	PARCEL NUMBER(S)
Trotwood City - Trotwood CSD <u>38803</u>	H33 02202 <u>0137</u>

Total Number of Acres: 38.556 AC (of this 28.556 is farmed and 10.000 AC is exempt)

B. Does any of the land lie within a municipal corporation limit? YES (1996 Merger)
C. Is the land presently being taxed at its current agricultural use valuation under Section 5713.31, R.C.? YES

1. If "NO" Show the following Evidence of Land Use:

	LAST YEAR ACRES	2 YEARS AGO ACRES	3 YEARS AGO ACRES
CROPLAND	<input checked="" type="checkbox"/>		
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. Attach 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 twenty-five hundred dollars or more, evidence must be attached showing the anticipated gross income.

By signing this application I authorize the county auditor or his duly appointed agent to inspect the property described above to verify the accuracy of this application. I declare that this application (including accompanying exhibits) has been examined by me and to the best of my knowledge and belief is a true, accurate and correct report.

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Signature of Owner [Signature] Date: 9/1/18

BELOW THIS LINE FOR OFFICIAL USE ONLY

County Auditor Signature: _____
Date Filed with County Auditor _____
Date filed (if required) with Clerk of Municipal Corporation _____
Clerk's Signature _____

Action of Legislative body of Municipal Corporation

Application Approved _____, Approved w/Modifications _____, * or Rejected _____ *

Date of Legislative Action _____, Clerks Signature _____

***IF MODIFIED OR REJECTED, ATTACH SPECIFIC REASONS FOR MODIFICATION OR REJECTION**