

**STATEMENT OF AGRICULTURAL USE  
EXEMPTION FROM ZONING**

I, the undersigned, certify that the use of, and/or the location of a structure on my property located at \_\_\_\_\_, currently zoned \_\_\_\_\_ is exempt from zoning as an agricultural use as designated below:

Check All That Apply [X]

- |  |   |
|--|---|
| <input type="checkbox"/> Farming             | <input type="checkbox"/> Pasturage                      |
| <input type="checkbox"/> Ranching            | <input type="checkbox"/> Viticulture                    |
| <input type="checkbox"/> Aquaculture         | <input type="checkbox"/> Animal Husbandry               |
| <input type="checkbox"/> Algaculture         | <input type="checkbox"/> Dairy Production               |
| <input type="checkbox"/> Apiculture          | <input type="checkbox"/> Field Crop Production          |
| <input type="checkbox"/> Horticulture        | <input type="checkbox"/> Nursery Production             |
| <input type="checkbox"/> Sod Production      | <input type="checkbox"/> Processing, Drying, Storage or |
| <input type="checkbox"/> Mushroom Production | Marketing of Agricultural Products                      |
| <input type="checkbox"/> Timbering           | Produced on the Property                                |

**NO BUSINESS OR LIVING SPACE ALLOWED**

I understand, that if at any time, any building or structure is not used primarily for an agricultural use, the use of said structure must then comply with the permitted uses of the zoning district in which the building or structure is located, including the securing of any required zoning certificate. The building will be subject to inspection to verify compliance with the agricultural use.

Current approval is based on the intended use and does not assume future uses are approved without further review.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

Address: \_\_\_\_\_ Parcel ID#: \_\_\_\_\_

State of Ohio, County of _____ . Signed and sworn to [or affirmed] before me on _____, 20____ by _____ (name(s) of individual(s) making statement).
_____ (Notary's official signature)
_____ (Title of office)
_____ (Commission Expiration)