

APN (Assessor's Parcel Number(s)):

Return this application to:
County Assessor's Office:

Agricultural Use Assessment Application
NRS 361A.110

*Return this application to the County Assessor's Office at the address shown above
no later than June 1st. If this application is approved, it will be recorded and become a public record.*

IF MORE SPACE IS NEEDED, PLEASE ATTACH ADDITIONAL SHEETS TO THIS APPLICATION

Owner(s) of Record: _____

Mailing Address: _____

City/State/Zip: _____

1. What is the total acreage of the parcel(s)? _____
2. What is the total acreage of the land devoted to agricultural use? _____
3. Has the land been devoted exclusively to agricultural use for at least 3 consecutive years immediately preceding this application? Yes No Unknown / New Owner
4. Was this property previously assessed as agricultural? Yes No If yes, when was it originally assessed as agricultural? _____
5. Was the gross income from agricultural pursuits of the land during the preceding calendar year \$5,000 or more? Yes No Unknown / New Owner

6. Provide documentation of the minimum gross income of \$5,000 from agricultural pursuits. This may include, without limitation:

- Leases
- Receipts
- Rent paid
- Account balance sheets
- Profit, and loss statements
- Audited financial statements
- Federal income tax returns (Schedule F or Schedule C).
- Additional documentation may be requested by the county assessor or the Department.

7. Is this property operated by the owner as part of an existing agricultural operation where other parcels are designated as agricultural?

Yes No

8. Is this parcel currently leased to another person for agricultural purposes? Yes No

If yes, please provide a copy of the lease agreement.

- Are at least 7 acres of the parcel devoted to agricultural purposes? Yes No
- Is this parcel contiguous to other agricultural real property owned by the lessee?
Yes No

9. Describe **all** the uses of the land for which you are requesting an agricultural designation, such as agricultural, residential, commercial, or industrial use. For example, if you farm and live on this parcel, the use would be both agricultural and residential. In addition, please describe the agricultural operation such as raising crops, livestock, poultry, fur-bearing animals, bees, aquatic agriculture, hydroponic gardens.

10. Are there any water rights or a water source associated with the parcel(s)? Yes No

If yes, please explain:

11. If there is any information you wish to provide, that might be pertinent to assist in processing this application, you may include it here.

The undersigned hereby certify the foregoing information submitted is true, accurate and complete to the best of (my) (our) knowledge. (I) (We) understand if this application is approved, this property may be subject to liens for undetermined amounts. (I) (We) understand that if any portion of this land is converted to a higher use, it is our responsibility to notify the assessor in writing within 30 days of the conversion.

EACH OWNER OF RECORD OR HIS AUTHORIZED REPRESENTATIVE MUST SIGN BELOW. IF SIGNED BY A REPRESENTATIVE, THE REPRESENTATIVE MUST INDICATE FOR WHOM HE IS SIGNING, HIS CAPACITY, AND UNDER WHAT AUTHORITY HE IS SIGNING. PLEASE TYPE THE NAME UNDER EACH SIGNATURE.

_____ Signature of Applicant or Agent	_____ Capacity (Owner, Representative, or Lessee)	
_____ Type or Print Name	_____ Authority (i.e. Power of Attorney)	_____ Date
_____ Address/City/State/Zip	_____ Phone Number	_____ Email Address

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Date

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Phone Number

Email Address

Attach Additional Signature Pages to Application as Necessary

FOR USE BY THE COUNTY ASSESSOR OR DEPARTMENT OF TAXATION		
<input type="checkbox"/> Application Received	_____ Date	_____ Initial
<input type="checkbox"/> Property Inspected	_____ Date	_____ Initial
<input type="checkbox"/> Income Records Inspected	_____ Date	_____ Initial
<input type="checkbox"/> Written Notice of Approval or Denial Sent to Applicant	_____ Date	_____ Initial
<input type="checkbox"/> Application forwarded to Department of Taxation	_____ Date	_____ Initial
<input type="checkbox"/> Department of Taxation returned application	_____ Date	_____ Initial
Reasons of Approval or Denial and Other Pertinent Comments:		
_____ _____		

_____ Signature of Official Processing Application	_____ Title	_____ Date