



REQUEST FOR FINDING OF AGRICULTURAL EXEMPTION FROM ZONING

Sioux County Planning and Zoning Administration • 210 Central Avenue SW • Orange City • Iowa 51041
Phone (712) 737-3820 • Fax (712) 707-9243 • Email: zoning@siouxcounty.org • www.siouxcounty.org

DATE: _____

REQUEST NO: (Assigned by Zoning Office): _____

PLEASE COMPLETE THE FOLLOWING INFORMATION:

Applicant is the Property:

Owner Tenant Other (describe): _____

Applicant Name _____

Mailing/Street Address: _____

City/State/Zip _____

Home Phone _____

Work/Cell Phone _____

Percentage of household farm income (reported on tax forms) _____

LOCATION OF PROPOSED STRUCTURE OR USE:

PARCEL ID NO.:

_____ 1/4 of the _____ 1/4 of Section # _____ of _____ Township

Size of this parcel: _____ acres Tax Class: **AG** Zoning District: **AG**

Owner(s) of Record: _____

Property Address: _____

(E911 Location-Street Address/City/ State/ Zip -list name of Street/Avenue if no E911 has been assigned)

1. INDICATE THE TYPE, NUMBER OF CROPS AND/OR LIVESTOCK THAT YOUR FARM CURRENTLY PRODUCES PER YEAR:

Agriculture Product	# Acres or Head	Agriculture Product	# Acres or Head	Agriculture Product	# Acres or Head
<input type="checkbox"/> Corn/Beans		<input type="checkbox"/> Cattle		<input type="checkbox"/> Poultry	
<input type="checkbox"/> Hay/Alfalfa		<input type="checkbox"/> Swine		<input type="checkbox"/> OTHER:	

2. PROVIDE THE FOLLOWING INFORMATION PERTAINING TO THE PROPOSED AGRICULTURAL STRUCTURE AND/OR USAGE:

Description of proposed structure/usage - ie. hoop building, machine shed, new home*: _____

Describe how is structure/use tied to your farming operation? _____

Type of Structure(s) (i.e. wood/steel) _____ Dimensions: _____

Total Construction Value (estimated): \$ _____ **Distance, in miles, from your primary farmstead:** _____

Will there be: A property entrance added or modified? Yes No Plumbing &/or bathroom modified or added? Yes No

! IF THE PROJECT PROPOSED IS NOT LOCATED ON, OR PART OF YOUR PRIMARY FARMSTEAD OPERATION, EXPLAIN HOW IT IS TIED TO IT:

3. IF SOMEONE OTHER THAN THE PROPERTY OWNER LIVES AT THE CONSTRUCTION SITE PROVIDE THE FOLLOWING INFORMATION:

Occupant(name) _____

Explain their tie to your farming operation(i.e. hired hand/laborer) _____

How long have they worked on your farm? _____

Job Title/position _____

Hours/ week(worked, this farm) _____

AG wage(s) paid _____

4. IF THIS STRUCTURE WILL BE USED AS A FARM DWELLING* PROVIDE THE FOLLOWING INFORMATION RELATIVE TO THE STRUCTURE:

Type of dwelling: New on _____ acres Replacement Primary dwelling or Ag Support housing

Who will live there? Property Owner Hired Hand, Yearly Wage: \$ _____

Relative working on farm, relationship: _____ Yearly Wage \$ _____

*** The Zoning Ordinance limits the number of agricultural support dwellings to 1 per farm operation. An ag-support dwelling may be located no more than 300 feet from the primary farm dwelling. Trailer homes must be titled as taxable real estate. Additional regulations may apply.**

APPLICANT SIGNATURE AND ATTEST:

I attest that to the best of my knowledge, the foregoing information is true and correct. I hereby acknowledge that I understand that the agricultural zoning exemption granted by the Code of Iowa applies ONLY to "land, farm houses, farm barns, farm buildings, or other buildings or structures which are PRIMARILY adapted, by reason of nature or area, for agricultural use of the land, and that, if granted, should the circumstances that allow approval of this particular exemption change, or be discovered so as to not qualify under the agricultural zoning exemption, such use or structures shall be subject to zoning regulations and penalties. I hereby give my consent for the Zoning Administrator to inspect the subject property and/or structures and usages.



Signature _____

Date _____