REQUEST TO FORM AGRICULTURAL PRESERVE

DO NOT WRITE IN THIS COLUMN

1. I hereby request the Board of Supervisors of Sacramento County to establish my property, described below, in an agricultural preserve in accordance with the provisions of the California Land Conservation Act of 1965.

   In the event that the Board elects to establish such a preserve:

2. I also request that the Board direct the Planning Commission to initiate hearings to rezone said land to a permanent agricultural zone (AG-80 or a classification the Board of Supervisors deeps appropriate).

3. I also request that the assessor consolidate the tax parcels on said land wherever possible.

4. I understand that the inclusion of said land in an agricultural preserve is conditioned on the execution of land conservation contract between myself and Sacramento County.

> ITEM A Signature(s) of all owner(s) and lien holders as shown on attached title report _____ _____ _____ _____

> ITEM B Attach title report

> ITEM C Attach legal description of property in this request

> ITEM D Attach Assessor's parcel map(s) of property. Outline exactly that property included in this request. Show on map(s) how property is used and summarize on the table below. List uses and acreages within request only.

ASSESSOR'S PARCEL NUMBER	ACRES	AGRICULTURAL USES		COMPATIBLE USES	
		DESCRIPTION	ACRES	DESCRIPTION	ACRES

Attach additional sheets if needed _____ Total Acres in this Request

Are there uses on the property which are not listed on either the agricultural or compatible uses lists? _____. If so explain below.

-AP-

REQIUIRED SIGNATURE

P/W APPROVAL

ZONE	STORIE GRADE	SUGGESTED PRESERVE	TAX CODE AREA

> ITEM E Agricultural Production from the land:

USE	CROP	PRODUCTION Ton/AC or AUM	COMMENTS

> ITEM F Other Income from the land:

HUNTING	FISHING	MINERAL	OTHER
$ Per Year	$ Per Year	$ Per Year	$ Per Year

> ITEM G Leases:

			Acres
1. Portion of subject property which is owner operated: →			
2. Portion(s) leased or rented to others Name & Address of Lessee	Use	Cash Rent Per Acre	
3. Portion(s) share cropped to others Name and Address of Lessee	Crop	% to owner	
If operating expenses are shared by owner, explain in space below:			

I certify that the information presented in this application is true and correct to the best of my knowledge.

NAME: _____

ADDRESS: _____ _____

CITY: _____ Signature of person who prepared application

PHONE: _____

Additional persons to be notified concerning action on this request

NAME: _____ _____

ADDRESS: _____ _____

CITY: _____ _____

PHONE: _____ _____

SUBMIT APPLICATION TO:
DEPARTMENT OF COMMUNITY DEVELOPMENT
PLANNING & ENVIRONMENTAL REVIEW DIVISION
827 7TH STREET, ROOM 230
SACRAMENTO, CA 95814

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