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OFFICIAL RECORD
LESLIE BOUCHER, RECORDER

Return this application to:

Agricultural Use Assessment Application

REVIEW THE ATTACHED INSTRUCTION SHEET FOR DIRECTIONS ON HOW TO FILL OUT THIS FORM. IF MORE SPACE IS NEEDED, PLEASE ATTACH ADDITIONAL SHEETS AS NECESSARY TO THIS APPLICATION.

1.) Please type in the name and address of each owner of record or his representative:

Owner: Nathan L. Phillips Owner: _____
 Address: P.O. Box 859 Address: _____
 City/State/Zip: Panama, NJ 07652 City/State/Zip: _____

2.) What is the size of the subject parcel? 26 acres
(Parcels less than 20 acres will be referred to the Department of Taxation for approval).

3.) APN (Assessor's Parcel Number): 012-120-09

4.) Legal Description: SEC 4 T2S R68E

5.) Was the gross income from agricultural use of the land during the preceding calendar year \$5,000 or more? Yes No _____
If yes, attach proof of income.

6.) Date the property was originally placed in service by the owners listed above for agricultural purposes April 2017

7.) The agricultural use of the land is (i.e., grazing, pasture, cultivated, dairy, etc.) Meadow Hay

8.) Was this property previously assessed as agricultural? NO. If yes, when was it assessed as agricultural? But used for ag last 10 years

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. PLEASE TYPE THE NAME UNDER EACH SIGNATURE.

Nathan Phillips Owner _____ 5/30/18
Signature of Applicant or Agent Capacity Authority Date

Nathan Landon Phillips
Print Name of Applicant or Agent
P.O. Box 859 Panaca, NJ 81042 (775) 728-4161
Address Phone Number

Signature of Applicant or Agent Capacity Authority Date

Print Name of Applicant or Agent

Address Phone Number

Signature of Applicant or Agent Capacity Authority Date

Print Name of Applicant or Agent

Address Phone Number

Attach additional signatures as necessary.

FOR USE BY THE COUNTY ASSESSOR OR DEPARTMENT OF TAXATION

- Application Received 5-30-18 MAT
Date Initial
- Property Inspected 5-30-18 MAT
Date Initial
- Income Records Inspected: 5-30-18 MAT
Date Initial
- Written Notice of Approval or Denial Sent to Applicant _____
Date Initial
- Application forwarded to Department of Taxation _____
Date Initial
- Department of Taxation returned application _____
Date Initial

Reasons for Approval or Denial and Other Pertinent Comments:

Mark R Holt
Signature of Official Processing Application

ASSESSOR 5-30-18
Title Date