



MOHAVE COUNTY DEVELOPMENT SERVICES

P. O. Box 7000 Kingman, Arizona 86402-7000 3250 E. Kino Ave, Kingman www.Mohave.gov Telephone (928) 757-0903 FAX (928) 757-3577

Agricultural Exemption Application

Instructions: Please complete this form and submit it to Development Services. The Assessor's Code Classification of either agriculture or grazing must be received through the Assessor's Office and certified prior to application. If you do not have the agriculture or grazing code classification then you must first contact the County Assessor's office in order to obtain such classification. A \$290.00 fee is due at submission.

I (We) _____
hereby request an Agricultural Exemption on:

(legal description of subject property)

Assessor's Parcel Number(s) _____

I (We) Have agricultural or grazing land that is five or more contiguous commercial acres (_____ acres)

Located in Township _____ Range _____ Section _____

Owner: (proof required*) _____

Owner Address: _____

Phone: _____

Email: _____

Property Owner(s) Signature: _____

(Original Signature Required by Each Owner of Record)

*ONE (1) PROOF OF OWNERSHIP: Recorded Grant, Warranty or Joint Tenancy Deed or similar Deed. A Quit Claim Deed must be accompanied by a Title Report dated within the last 30 days.

Below for Assessor Use Only

Assessor's Code Classification

Parcel No.	Information in this box is completed by Assessor			
	Use Code	Agriculture	Grazing	Remarks

I _____, hereby certify that the above information to be a true and correct classification status as of _____.

Signature Title Employee No.

Please include a plot plan below showing the dimensions and percentages of land designated as agricultural or grazing. Please also include any existing structures with their dimension and location.

PLOT PLAN

Mohave County Permits System

INDICATE NORTH – USE STRAIGHT EDGE
INDICATE ALL LOT DIMENSIONS & SETBACKS

INDICATE ALL EASEMENTS

INDICATE LOCATION OF STRUCTURES WITH DISTANCES IN FEET



Project # _____

LOT REAR

LOT FRONT

STREET ADDRESS: _____

SUBDIVISION: _____

UNIT: _____ TRACT: _____ BLOCK: _____ LOT: _____

ASSESSORS PARCEL # _____ -- ____ -- ____

SIGNATURE OF PROPERTY OWNER AND/OR APPLICANT



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Timothy M. Walsh, Jr., P.E.
Department Director

Sam Elters, P.E.
County Manager

AFFIDAVIT

State of _____ County of _____ Date _____

(I)(We) _____

Have an Agricultural Exemption, and will be constructing a habitable structure that will be occupied solely by persons that are engaged in the agricultural or grazing use.

Located in Township _____ Range _____ Section _____

Subdivision Name _____ Tract _____ Unit _____

Parcel Number _____ - _____ - _____ Parcel Description _____

The person(s) occupying the structure and their involvement in the agricultural or grazing use consist of:

Signature _____ Date _____

Mailing Address _____

City _____ State _____ Zip _____

Title _____

NOTARY PUBLIC

State _____ County of _____ Date _____

Notary Public

My Commission Expires: _____