



AGRICULTURAL CLASSIFICATION SUPPLEMENTAL INFORMATION

HR-482SUP
R. 9/20

Section 193.461, Florida Statutes

This form must be signed and returned on or before **March 1st**.

The undersigned, hereby request that the lands listed hereon, where appropriate, be classified as Agricultural Lands for property tax purposes, by the property appraiser of the county in which the lands are located.

Applicant Name: Address:	Return to: C. Raymond McIntyre, C.F.A. Highlands County Property Appraiser 560 S. Commerce Ave. Sebring FL 33870-3899 Attention: Agriculture Department
Parcel ID: Legal Description:	

- How long have you been in the agriculture business? _____
- What type of Agricultural Business do you have? _____
- Does the landowner operate the business? Yes No
- Is the property leased to others? Yes No

If the land is leased, a copy of a current and fully executed lease must be attached.

Lessee's Name: _____

Lessee's Telephone No: _____ E-mail: _____

Does the (landowner/ lessee) use other land in the county for Bona Fide Ag purposes? Yes No

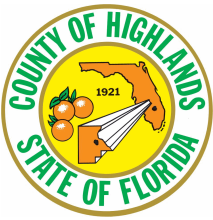
If so, list the parcel numbers used in this Agriculture Business: _____

- Is the land used PRIMARILY for bona fide commercial agricultural purposes? Yes No
Explain why. Identify all non-agricultural uses as of January 1.

- Describe the agricultural use if any of the land at the time of purchase.

Describe the agricultural use if any of the land as of January 1.

Describe the agricultural use if any of the land at the time of this application.



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7. What agricultural improvements have you made to the property?

Are there any barns or buildings located on the parcel? Yes No

Is the land irrigated? Yes No

Is the property fenced (pastureland)? Yes No

8. What non-agricultural improvements have you made to the property?

9. Did you purchase this land with the intent of receiving income from its agricultural productivity?

Yes No

10. Do you own or lease any equipment (tractors, harrows, hay balers, etc.) used to support the agricultural activity on this land?

Own- Yes No Lease- Yes No

11. Where is the primary location of the equipment? _____

12. If no equipment - who is the caretaker? _____

13. Is your primary residence located on the parcel in which you are seeking an agricultural classification?

14. Do you file a Schedule F (Profit and Loss from Farming) with your IRS income tax return? Yes No

If yes, a copy may be requested. Note: All financial information is held confidentially.

15. What is the projected gross income the property will produce this year? \$ _____

16. Is there a gate to your property? _____ If yes please select one of the following:

a. The gate will be unlocked _____

b. Combination to the lock _____

c. Contact for inspection: Name _____ Phone _____

The information and answers to questions herein are complete, true and correct to the best of my knowledge.

PRINTED NAME _____ **Applicants signature** _____

DATE: _____