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**DECLARATION of:  
Agricultural Use of Building**

1. Name of Property Owner: \_\_\_\_\_  
Mailing address: \_\_\_\_\_  
  
Phone number: Home: \_\_\_\_\_ - \_\_\_\_\_ Mobile: \_\_\_\_\_ - \_\_\_\_\_ Business: \_\_\_\_\_ - \_\_\_\_\_  
Email Address: \_\_\_\_\_
2. Physical address of property for this Declaration: \_\_\_\_\_  
\_\_\_\_\_  
Parcel No. \_\_\_\_\_ Section: \_\_\_\_\_, Range: \_\_\_\_\_
3. Building description: \_\_\_\_\_
4. Building dimensions: Length \_\_\_\_\_ Width \_\_\_\_\_ Height \_\_\_\_\_  
# of stories \_\_\_\_\_ Total S.F. \_\_\_\_\_ If irregular shape please attach sketch.

I declare that this building will be used exclusively for agriculture purpose as defined by the Ohio Revised Code 519.21

I understand if I do not use this building for the use stated or other agricultural uses, I forfeit the *Agricultural Use* designation of this structure and I must then apply for a Zoning Permit for this building and it must comply in every way, including but not limited to setbacks, size and building height to the current Township Zoning Resolution. This building will be used for the following agricultural use(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applicants Initials

**Declaration of Agricultural Use of Building**

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*Please also consider the ramifications if the property is sold and this structure is not used as an Agricultural use by the new owners.*

Please have this form notarized, signed and return to Walnut Twp. before construction begins:

Property Owner (only): \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Signed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

**Notary Seal**

\_\_\_\_\_  
Notary Signature

\_\_\_\_\_  
Date

*Applicant, provide three (3) signed copies | Z.I. one (1) copy goes to Applicant, two (2) for zoning file*

\_\_\_\_\_  
For Zoning Office Use Below This Line

Date Declaration received: \_\_\_\_\_ Date returned: \_\_\_\_\_

Approved for exemption:[ ] | denied:[ ] | Date: \_\_\_\_\_ Z.I. \_\_\_\_\_

Revised 06/10/2018