AV-5 Web-Fill 3-18

Application for Agriculture, Horticulture, and Forestry Present-Use Value Assessment

(G.S. 105-277.2 through G.S. 105-277.7)

County of		, NC				Tax	Year		
Full Name of Owner(s)									
Mailing Address of Owner									
3									
City State Zip Code									
Home Telephone Number Work Telephone Number Ext. Cell Phone Number									
l notavetions									
Instructions Application Deadline: This a		e filed during th	ne regular listing	period, or within	n 30 days of a	notice of a	a change in valua	ation, or within	
60 days of a transfer of the lar Where to Submit Applicatio		nlication to the	e county tax ass	essor where thi	s property is lo	ocated Co	ounty tax assess	sor addresses	
and telephone numbers can application to the North Car	be found online a	at: https://ww	w.ncdor.gov/doc	cuments/north-c	arolina-county	-assessor	s-list. DO NOT	Γ submit this	
- Office Use Only:									
This application is for: (check all	that apply)								
AGRICULTURE (includes	Aquaculture)		HORTICI	<u>JLTURE</u>		<u>FC</u>	ORESTRY		
Enter the Parcel Identificat	ion Number, acı	reage break	down, and ac	reage total fo	r each tax p	arcel inc	luded in this	application:	
DARCEL ID	OPEN LAND	OPEN LAND	WOOD	WASTE	CRP	HOME	OTHER (Describe in	TOTAL	
PARCEL ID	in Production	Production	LAND	LAND	LAND	SITE	Comments)	ACRES	
						+			
						+ +			
Comments:									
Yes No Does the applicant own property in other counties that is also in present-use value and is within 50 miles of this property? If YES , list the county or counties and parcel identification number(s):									
County:			Pai	cel ID:					
County:			Pai	cel ID:					
,									

IMPORTANT!

AGRICULTURE and HORTICULTURE applications with LESS than 20 acres of woodland generally need to complete PARTS 1, 2, and 4.

AGRICULTURE and HORTICULTURE applications with MORE than 20 acres of woodland generally need to complete PARTS 1, 2, 3, and 4.

FORESTRY applications need to complete PARTS 1, 3, and 4.

ADDITIONALLY, applications for CONTINUED USE of existing present-use value classification need to complete PART 5.

Please contact the Tax Assessor's office if you have questions about which parts should be completed.

Part 1. Ownership							
On what date did the ap	plicant become the owner of the property	y? DATE:					
If owned less than four full years on January 1, provide: Name of Previous Owner:							
How the Applicant is R	Related to the Previous Owner:						
Yes No Die	d one of the applicants reside on the pro	perty on January 1 of th	ne year for which this appli	cation is made?			
lf `	YES, provide name of resident:						
Yes No Ar							
Na	ame of farmer leasing the land:		Phone:				
Choose the lega	al form of ownership from "a -	e" below, and ans	swer the guestions.	if any, for that ownership:			
a. One Individ	•	ınd Wife (as tenants by	•	<u></u>			
c. Business E	Entity. (Circle one: Corporation, Limite	ed Liability Company,	Partnership) List all the d	irect shareholders, members, or			
	the business entity and their farming acti						
Member:		Farming Activities:					
Member:		Farming Activities:					
Member:		Farming Activities:					
Member:		Farming Activities:					
you must attach a breakdown of those business entities or trusts until you reach the individual level of ownership interest and you must describe those individuals' farming activities. Yes No No Once you have reached the individual level of ownership interest, are all of the individuals relatives of each other? (See G.S. 105-277.2(5a) for the definition of relative.) State the principal business of the business entity:							
d Truet Liett	the trustee(s), name of the trust, and all o	of the honoficiaries:					
Trustee(s):	The trustee(s), flame of the trust, and all t	Name of t	rust:				
Beneficiary:		Farming Activities:					
Beneficiary:		Farming Activities:					
Beneficiary:		Farming Activities:					
Beneficiary:		Farming Activities:					
Yes No I	Are any of the beneficiaries either a of those business entities or trusts u individual's farming activities.						
Yes No	Once you have reached the individurelatives of the creator? (See G.S. 1	•	•	ficiaries either the trust's creator or			
e. <u>Tenants in</u>	common. List the tenants and their perc	centage of ownership (r	round to the nearest 0.1%)	: 			
Owner		% Owner		%			
Owner		% Owner		%			
☐ Yes ☐ No ■	Are any of the tenants either a busi entity or trust. You must complete t						
	labeling each copy with the name of			, I sand as appropriate,			
The Tax Assessor may contact you for additional information after reviewing this application.							

Part 2. Agriculture and Horticulture

For the past three years and for each tax parcel within the farm unit, enter the agricultural or horticultural products actually produced on the land and the gross income from the sale of the products, including livestock, poultry, and aquatic species. **INCOME INFORMATION IS SUBJECT TO VERIFICATION.**

If payments are received from any governmental soil conservation or land retirement program, indicate the acres and amount of income in the table below. Provide the name of the program in the Product column.

Do not include income received from the rental of the land. Income must be from the sale of the product.

	ONE YEAR A	AGO 20 TWO		TWO YEARS	AGO 20		THREE YEARS AGO 20		
Parcel ID	Product	Acres	Income	Product	Acres	Income	Product	Acres	Income
	Totals			Totals			Totals		
	Totals			Totalo			Totala		
	iotais			Totals			Totals		
	Totals			Totals			Totals		
	Totals			Totals			Totals		
	Totals			Totals			Totals		
☐ Yes [prepa year	red? If YES,	attach a cop s planted, gro	y. If NO , attach a oss income from ea	full explanation	n of your ope	s, has a written maration that contains practices, number	at least the f	ollowing:
	If this	application co	vers an aquat	ic species farming	operation, ente	er the total pour	nds produced for co	mmercial sale	annually
	for the	e last three ye	ars: Year 20	:	lbs, Year 20	:	lbs, Year 20]:	lbs

Part 3. Fo	orestry
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Attach a complete copy of your forest management plan. Indicate below who prepared the plan:

N.C. Division of Forest Resources

Consulting Forester

Owne

Other

Note: The property must be actively engaged in the commercial growing of trees under a sound management program as of January 1 of the year for which application is made.

FOR OFFICE USE ONLY: ☐ APPROVED ☐ DENIED BY:_

Key elements in a written plan for a sound forestland management program are listed below:

- 1. Management and Landowner Objectives Statement—Long range and short range objectives of owner(s) as appropriate.
- 2. Location--Include a map or aerial photograph that locates the property described and also delineates each stand referenced in the "Forest Stand(s) Description/Inventory and Stand Management Recommendations" (item 3 below).
- 3. Forest Stand(s) Description/Inventory and Stand Management Recommendations -- Include a detailed description of various stands within the forestry unit. Each stand description should detail the acreage, species, age, size (tree diameter, basal area, heights), condition (quality and vigor), topography, soils and site index or productivity information. Stand-specific forest management practices needed to sustain productivity, health and vigor must be included with proposed timetable for implementation.
- 4. Regeneration-Harvest Methods and Dates--For each stand, establish a target timetable for harvest of crop trees, specifying the type of regeneration-harvest (clear cut, seed tree, shelter wood, or selection regeneration systems as applicable).
- 5. Regeneration Technique—Should include a sound proposed regeneration plan for each stand when harvest of final crop trees is done. Specify intent to naturally regenerate or plant trees.

NOTE: Forest management plans can and should be updated as forest conditions significantly change (e.g. change in product class mix as the stand ages and grows, storm damage, insect or disease attack, timber harvest, thinning, wildfire). The county will audit plans periodically and, to remain eligible for use-value treatment, the plan must be implemented.

Part 4. Affirmation							
<u>AFFIRMATION OF APPLICANT</u> – I (we) the undersigned declare under penalties of law that this application and any attachments hereto have been examined by me (us) and to the best of my (our) knowledge and belief are true and correct. In addition, I (we) fully understand that an ineligible transfer of the property or failure to keep the property actively engaged in commercial production under a sound management program will result in the loss of eligibility. I (we) fully understand that loss of eligibility will result in removal from the program and the immediate billing of deferred taxes.							
Signature of Owner (All tenants of a tenancy in common must sign.)	Title	Date					
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Part 5. Continued Use (Complete only if the property is currently in Present-Use Value and you are applying for immediate eligibility under the Continued Use exception. See G.S. 105-277.3(b2)(1) for full details.) I certify: 1. The property is currently in Present-Use Value. 2. I intend to continue the current use of the land under which it currently qualifies. 3. I understand I will be responsible for all deferred taxes due because of any disqualification. 4. I ACCEPT FULL LIABILITY FOR ANY EXISTING DEFERRED TAXES. Note: If the property is currently in Present-Use Value and liability is not accepted, the full amount of the deferred taxes will typically be due in the name of the grantor immediately. Liability need not be accepted and no deferred taxes are due for qualifying transfers pursuant to G.S. 105-277.3(b) and (b1). For example, liability does not need to be accepted for qualifying transfers to relatives. However, any deferred taxes existing at the time of transfer will remain a lien on the property. Owners already receiving Present-Use Value on properties not included in this application may wish to review the alternative provisions of G.S. 105-277.3(b2)(2).							
Signature of Owner (All tenants of a tenancy in common must sign.)	Title	Date					
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REASON FOR DENIAL: _