MD482 R. 2/21



APPLICATION AND RETURN FOR AGRICULTURAL CLASSIFICATION OF LANDS

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.

tax purposes, by the prope	ity appia	1301 01 110 00	Julity III	Willon the lands a	re recated.			
Applicant Name: Address:		Return to: Leigh B Barfield, CFA Madison County Property Appraiser 229 SW Pinckney St Room 201 Madison FL 32340						
					Attention: Agriculture Department			
Parcel ID: Legal Description:								
Lands used primarily for agricultural purposes	Number of Acres	How long in this use?	Agricultural Income from this Property Complete for the past 4 years.					
Citrus:		yrs	Year	Crop or Use	Gross Income	Expense	Net Income	
Cropland:		yrs						
Grazing Land:		yrs						
Number of Livestock:								
Timberland:		yrs						
Poultry, swine or beeyards:		yrs						
Other:		yrs	Date F	Date Purchased : Purchased Price :				
Is the real property leased to others? If yes, attach copy of lease agreement. Has the real property been zoned to a nonagricultural use at the request of the owner? As of January 1 of this year, 2024 the lands listed above were used primarily for "bona fide" agricultural purposes. Bona fide agricultural purpose means "good faith commercial agricultural use of the land." I understand that the property appraiser may require supplemental and additional information, other than the application, and I am willing to comply with any reasonable request to furnish such information. Under penalties of perjury, I declare that I have read the foregoing application and that the facts stated in it are true. If prepared by someone other than the applicant, his/her declaration is based on all information of which he/she has any knowledge. Signature Date Date Phone Number Phone Numb								
For Record Purposes Or for the above described properties.			receipt o	f your Application fo	or Agricultural Classifio		 Date	
		Record	of Actio	n of County Pro	perty Appraiser			
Application approved and	d all lands							
Application disapproved	and agricu	ultural classific	ation of la	ands denied on all I	ands.			
Application approved in part and disapproved in part. Agricultural classification of lands approved on the following described portion.								
Signature				Date				





AGRICULTURAL CLASSIFICATION SUPPLEMENTAL INFORMATION

Section 193.461, Florida Statutes

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1.	How long have you been in the agriculture business?						
2.	What type of Agricultural Business do you have?						
	Does the landowner operate the business? Yes \square No \square						
4.	Is the property leased to others? Yes \square No \square						
	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 \Box No \Box						
	If so, list the parcel numbers used in this Agriculture Business:						
5.	Is the land used PRIMARILY for bona fide commercial agricultural purposes? Yes \Box No \Box						
	Explain why. Identify all non-agricultural uses as of January 1.						
6.	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.						
7.	What agricultural improvements have you made to the property?						
	Are there any barns or buildings located on the parcel? Yes \Box No \Box						
	Is the land irrigated? Yes \square No \square						
	Is the property fenced (pastureland)? Yes \square No \square						





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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 \Box No \Box							
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? Yes \Box No \Box							
14.	Do you file a Schedule F (Profit and Loss from Farming) with your IRS income tax return? Yes \square No \square 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.							
PRI	NTED NAME:							
App	olicants signature:							
D 4.	rr.							