



DEPARTMENT OF AGRICULTURE WEIGHTS AND MEASURES

Charlene Carveth
Agricultural Commissioner
Sealer of Weights and Measures

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REQUEST FOR ADMINISTRATIVE RELIEF FROM AN AGRICULTURAL SETBACK – APPLICATION

APPLICANT(S) NAME(S): _____

SITE ADDRESS: _____

MAILING ADDRESS: _____

TELEPHONE NUMBER(S): (DAY) _____ (EVE) _____

APN#: _____ PARCEL SIZE: _____ ZONING: _____

LOCATED WITHIN AN AG DISTRICT? YES NO ADJACENT PARCEL ZONING: _____

IF THE ADJACENT PARCEL IS ZONED TPZ OR NATURAL RESOURCES, IS YOUR PROPERTY LOCATED WITHIN
A COMMUNITY REGION OR RURAL CENTER? YES NO NOT APPLICABLE

REQUIRED AG SETBACK: _____ foot SETBACK YOU ARE REQUESTING: _____ foot

REQUESTED USE (AGRICULTURALLY-INCOMPATIBLE):

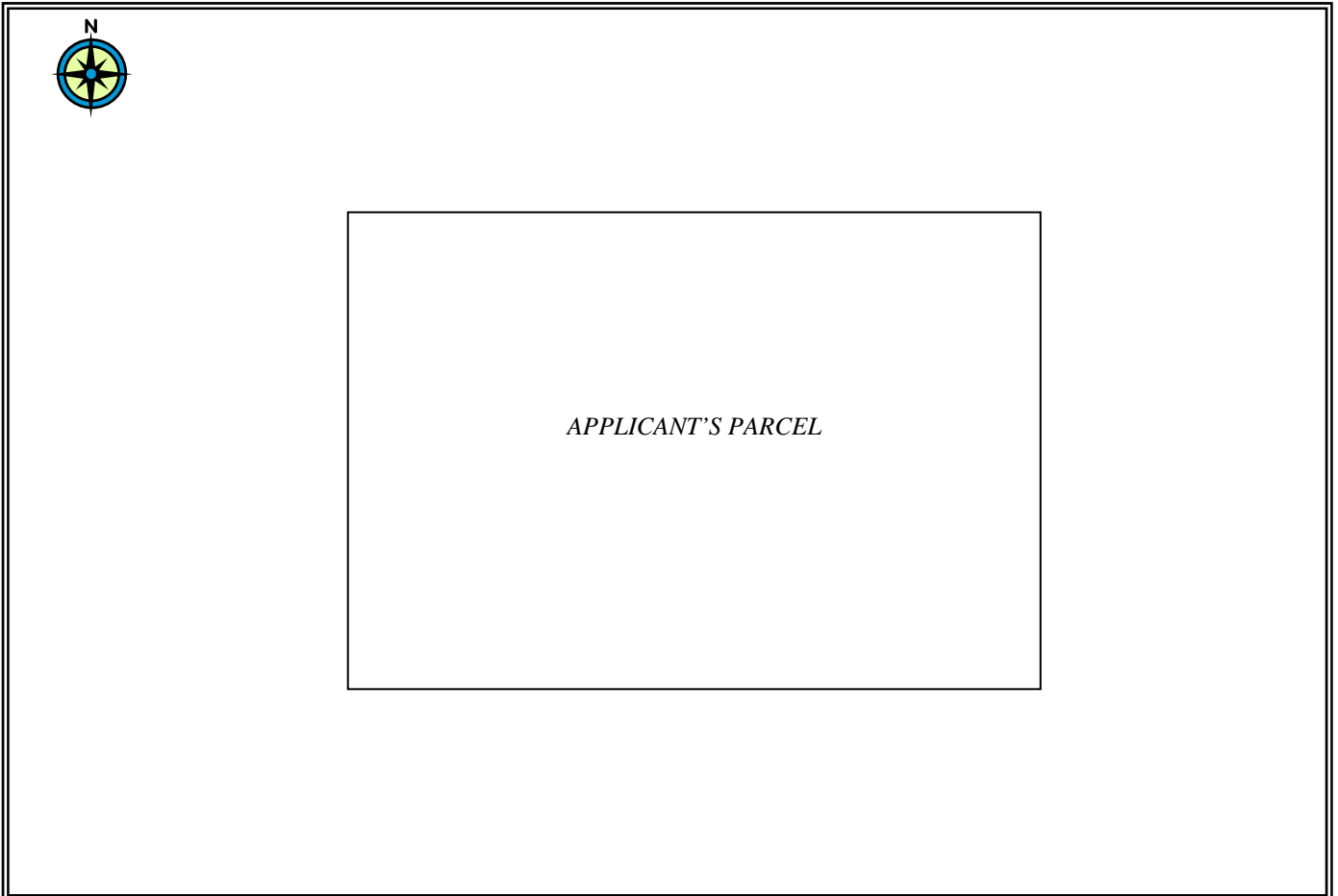
DO YOU HAVE A BUILDING PERMIT FOR REQUESTED USE? YES (Permit # _____) NO

PLEASE ANSWER THE FOLLOWING:

1. YES NO Does a natural barrier exist that reduces the need for a setback?
(Topography Other _____)
2. YES NO Is there any other suitable building site that exists on the parcel except within the
required setback?
3. YES NO Is your proposed agriculturally-incompatible use located on the property to minimize any
potential negative impact on the adjacent agricultural land?
4. List any site characteristics of your parcel and the adjacent agricultural land that the Agricultural Commission
should consider (including, but not limited to, topography, vegetation, and location of agricultural
improvements, etc.).

IN THE DIAGRAM BELOW, SHOW THE FOLLOWING:

- A. Zoning of your parcel
- B. Zoning of adjacent parcels
- C. Placement of agriculturally-incompatible use
- D. Indicate requested setback distance
- E. Indicate any unique site characteristics of property



ANY ADDITIONAL COMMENTS?

APPLICANT'S SIGNATURE

DATE

OFFICE USE ONLY: <input type="checkbox"/> Fee Paid Date: _____ Receipt #: _____ Initials: _____
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