

USE FOR AGRICULTURAL PURPOSES

GOSHEN TOWNSHIP, CLERMONT COUNTY, OHIO

The information you provide in this Declaration of Use for Agricultural Purposes will assist the Township in determining whether and/or what zoning regulations apply.

1. Locational Description:

Parcel No. _____

Street Address _____

Name of Owner(s) _____

Mailing Address _____

Phone number _____ Email _____

Existing Use _____ Existing Zoning District _____

Proposed Use _____

How is the building and/or structure **incident to the use for agricultural purposes of the land on which such building and/or structure is located?** _____

2. Dimensions of Proposed Building and/or Structure (if applicable)

Length _____ Width _____ Height _____

3. Yard Dimensions : Front _____ Rear _____ Sides _____ / _____

4. Agricultural Purposes (Check all that apply):

Algae culture Animal Husbandry Apiculture Aquaculture

Dairy Production Farming Horticulture Pasturage

Poultry Husbandry Ranching Timber Viticulture

Production of field crops, tobacco, fruits, vegetables, nursery stock, ornamental shrubs, ornamental trees, flowers, sod, or mushrooms.

Processing, drying, storage, and marketing of agricultural products when those activities are conducted in conjunction with, but are **secondary to**, such husbandry or production.

The construction or use of the proposed buildings or structures referenced above are **incident to the use for agricultural purposes of the land on which such proposed buildings or structures are located.**

I certify that I have the authority to file this Declaration, and I further affirm that the information contained herein, and all attachments are true and accurate. I acknowledge that any change in that any use of said structure for personal, recreational and/ or commercial purposes now or in the future will require zoning approval and permits. I hereby grant the Goshen Township Zoning Inspector authorization to inspect the property to determine compliance with the agricultural exemption.

NOTE: This Declaration is for zoning purposes only. Permits or notice may likely be required by other authorities including, but not limited to, the local Building Department, Health Department, Fire Department, and/or Auditor's Office.

Signature _____ **Date** _____

For Official Use Only

Date Received _____ **Approved** **Not Approved**

Comments _____

LOVE WHERE YOU LIVE

Zoning Inspector _____ Date _____

G O S H E N

T O W N S H I P

Est. 1819