



POLK COUNTY BONA FIDE FARM EXEMPTION CONFIRMATION

35 Walker Street
PO Box 308
Columbus, NC 28722
Building Inspections: 828-894-3739
Planning: 828-894-2732
Fax: 828-894-2913

BONA FIDE FARM is exempt from local zoning regulations, and certain building code regulations. Applicants seeking approval for proposed improvements or new uses of land upon a bona fide farm may use this form to provide documentation of Bona Fide Farm status.

EVIDENCE OF BONA FIDE FARM

1. **Indicate which of the following types of evidence you are providing (select at least one):**
NC General Statute 160D-903 (a): For purposes of determining whether a property is being used for bona fide farm purposes, any of the following shall constitute sufficient evidence that the property is being used for bona fide farm purposes.

Farm sales tax exemption certificate issued by the Department of Revenue.*

Copy of the property tax listing showing that the property is eligible for participation in the present use value program pursuant to G.S. 105-277.3.*

Copy of the farm owner's or operator's Schedule F from the owner's or operator's most recent federal income tax return.

Forest management plan.

2. **a) Is the structure being occupied for sleeping purposes?**

Yes No

- b) Is the building going to be accessed by the general public?**

Yes No

- c) Is the building being used primarily for a farm purpose?**

Yes No

PROPERTY INFORMATION

3. **Provide the following information about the Bona Fide Farm Property:**

Bona Fide Farm/Business Name:

Owner Name: _____

Operator Name: _____

Physical Address of Property:

Tax Parcel #: _____

4. **Certification**

I hereby certify that the property referenced herein is being used for an agricultural purpose, and that the proposed land development project or activity is in furtherance of the agricultural purpose. I understand that I must comply with Polk County Environmental Health, Building Permit, Floodplain Development, and Water Supply Watershed requirements, when applicable.

I hereby certify that, to the best of my knowledge and belief, all information supplied on and with this form is true and accurate. The filing of this form authorizes Polk County Staff to enter upon the site to conduct relevant site inspections as deemed necessary to process submitted permits and applications and verify continuing compliance after the issuance thereof.

Owner Printed Name: _____

Owner Signature: _____

Date: _____

Agricultural Operator Signature: _____

Date: _____

OFFICE USE ONLY

Accepted by: _____

Date: _____

Agritourism*: Yes No

Additional Information: _____
