

**FARM & AGRICULTURE MANAGEMENT PLAN
FOR PARCELS WISHING FOR
CLASSIFICATION PURSUANT TO RCW 84.34**

PROPERTY OWNER'S NAME & ADDRESS:

PHONE NUMBER: _____
EMAIL: _____

PARCEL NUMBER(S) _____
ACRES: _____
BUILDINGS/STRUCTURES ON PARCEL: _____
APPLICATION FEE: SUBMITTED ENCLOSED
PROOF OF INCOME: SUBMITTED ATTACHED
 APPROVED DENIED INCOMPLETE

IN ORDER TO VERIFY THAT YOUR PARCEL IS PRIMARILY USED TO PRODUCE LIVESTOCK OR AGRICULTURAL PRODUCTS FOR COMMERCIAL PURPOSES AND QUALIFIES FOR CLASSIFICATION IN OPEN SPACE FARM & AGRICULTURE, PLEASE PROVIDE THE FOLLOWING INFORMATION.

PLEASE PROVIDE YOUR CROP AND LIVESTOCK PRODUCTION DATA:

PLEASE UPDATE THE TYPE OF COMMERCIAL FARMING ACTIVELY OCCURING ON YOUR PARCEL. PLEASE ATTACH ADDITIONAL SHEETS IF NEEDED.

NON- IRRIGATED CROPS IRRIGATED CROPS

WHEAT	ACRES	BU/ACRE		BARLEY	ACRES	TON/ACRE		HAY	ACRES	TON/ACRE	
ALFALFA	ACRES	BU/ACRE		ACRES OTHER TYPES OF CROP				PRODUCTIVITY/ACRE			

FRUIT PRODUCTION NON-IRRIGATED IRRIGATED

	ACRES APPLES		BU/ACRE		TREES/ACRE			ACRES CHERRIES		BU/ACRE		TREES/ACRE
	ACRES PEARS		BU/ACRE		TREES/ACRE			ACRES GRAPES		BU/ACRE		VINES/ACRE
	ACRES OTHER TYPE OF CROP			PRODUCTIVITY/ACRE								

EQUESTRIAN ACTIVITIES

_____ ACRES USED STABLING GRAZING CLINICS/SCHOOLING

GRAZING LANDS PRIMARILY DEVOTED TO THE PRODUCTION OF LIVESTOCK FOR COMMERCIAL PURPOSES

_____ ACRES USED _____ AUM/ACRE TYPE OF LIVESTOCK _____

ENROLLED IN AN USDA SUBSITY PROGRAM CRP _____ ACRES OTHER PROGRAM _____ ACRES USED _____

NON PRODUCTIVE FARMLAND _____ ACRES

INCIDENTAL USE OF LAND (SUCH AS WETLAND PRESERVATION, GRAVEL PIT, PRODUCT STAND) _____ ACRES

WHAT ARE YOUR SPECIFIC COMMERCIAL FARM OR RANCH PLANS (OTHER THAN MONETARY) TO QUALIFY YOUR PARCEL(S) FOR CURRENT USE FARM & AGRICULTURAL PROGRAM FOR THE NEXT FIVE YEARS?

2016 _____
2017 _____
2018 _____
2019 _____
2020 _____

(YOU MAY ATTACH ANOTHER SHEET OF PAPER FOR THE ABOVE INFORMATION)

NOTE THE PRIMARY USE OF THE LAND MUST BE DEVOTED TO THE PRODUCTION OF LIVESTOCK OR AGRICULTURAL COMMODITIES FOR COMMERCIAL PURPOSES OR ENROLLED IN THE FEDERAL CONSERVATION RESERVE PROGRAM.

ESTIMATED GROSS COMMERCIAL FARM/RANCH INCOME FOR THE NEXT FIVE YEARS (APPLIED PARCEL(S) INCOME ONLY)

2016 _____ 2017 _____ 2018 _____ 2019 _____ 2020 _____

--ATTACH PROOF OF INCOME FOR THE PAST THREE YEARS--

RENTAL OR LEASE AGREEMENTS:

IF THE OWNER IS **NOT** THE ONE FARMING THE LAND, A LEASE AGREEMENT MUST BE SUBMITTED THAT PROVIDES PARCEL NUMBER(S), AMOUNT OF ACREAGE USED, LEGAL DISCRPTION, TERMS OF LEASE, AND SIGNATURES FROM BOTH PARTIES. ANNUAL LEASES MUST BE SUBMITTED YEARLY.

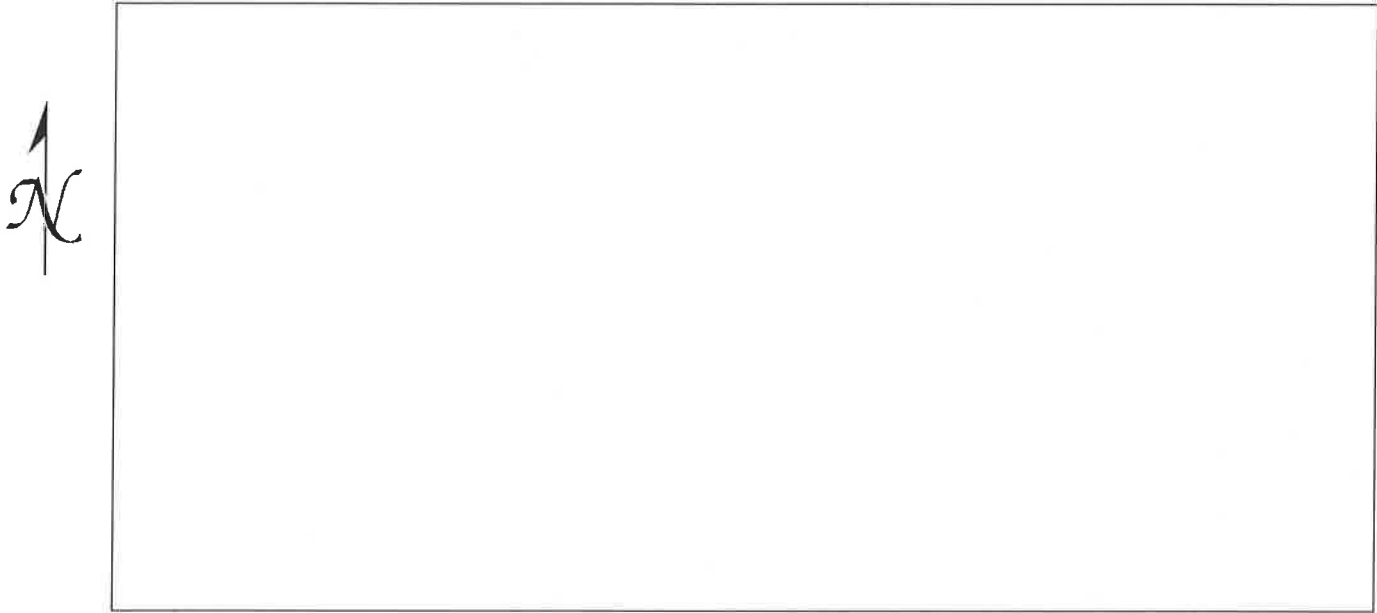
IS THERE A HOME ON THE PARCEL(S)? YES NO

IF YES, WHO OCCUPIES THE HOME: OWNER LEASEE/RENTER

IF OWNER OCCUPIED, DOES THE OWNER PARTICIPATE IN THE FARMING/RANCHING OPERATION? YES NO NOT APPLICABLE

IF THE HOUSING IS LEASED, DOES THE LEASEE PARTICIPATE IN THE FARMING/RANCHING OPERATION? YES NO NOT APPLICABLE

IN THE FOLLOWING AREA PLEASE DRAW A MAP SHOWING THE LAYOUT OF YUR PARCEL SUCH AS BUILDINGS, PRODUCTION AREAS, ROADS, PONDS, FENCES, ETC....(IF YOU HAVE A LARGE AMOUNT OF ACREAGE YOU MAY USE A USDA OR GIS MAP OR OTHER PAPER)



WHAT PORTION, IF ANY OF THE PARCEL IS FENCED? _____

IF FENCED, WHO MAINTAINS THE FENCE? OWNER LEASEE OTHER (*IF OTHER, PLEASE EXPLAIN)

DO YOU OWN FARM EQUIPMENT OR OTHER ITEMS RELATED TO YOUR FARM/RANCH LOCATED IN KLICKITAT COUNTY? YES NO

IF EQUIPMENT OR ITEMS RELATED TO YOUR FARM/RANCH ARE OWNED, TO WHAT COUNTY DO YOU REPORT YOUR PERSONAL PROPERTY?

WILL YOU BE URCHASING OR BRINGING ANY FARM/RANCH EQUIPMENT OR ITEMS RELAED TO YOUR FARM OR RANCH INTO THE COUNTY?

YES NO IF YES, APPROXIMATE DATE? _____

I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FORE GOING INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

SIGNATURE _____

DATE _____

PLEASE BE SURE TO FILL OUT THE ENTIRE FORM. IF YOU HAVE QUESTIONS OR CONCERNS ABOUT COMPLETING THIS FORM, PLEASE DO NOT HESITATE TO CONTACT US. COMPLETE PLANS SHOULD BE RETURNED TO:

**KLICKITAT COUNTY ASSESSOR'S OFFICE
KACIE CHAMBERS
205 S. COLUMBUS ROOM 200
GOLDENDALE, WA 98620**

CONTACT INFORMATION: MAIN LINE- (509) 773-3715 DIRECT LINE- (509) 773-2306 TOLL FREE- 1 (800) 764-2235 FAX- (509) 773-6397

INCOMPLETE APPLICATIONS WILL BE DENIED ENTRY INTO THE PROGRAM