



APPLICATION FOR: NOTICE INITIATING EXPIRATION OF AN AGRICULTURAL PRESERVE

RETURN TO:

Planning and Zoning Administrator
300 North State Street
Waseca, MN 56093

FOR COUNTY USE ONLY:

Date Application
was received:

Administration Fee: \$200.00 (Check made out to Waseca County)
Recording Fee: \$46.00 (Check made out to Waseca County Recorder)

I. LAND OWNER INFORMATION

Name _____ Phone _____

Name (other owner) _____ Name (other owner) _____

Mailing Address _____ Cell (Alternate) Phone _____

City and State _____ Zip Code _____

Email _____

Applicant's Interest in Property: Fee owner _____

Other Owner(s) _____

II. PROPERTY INFORMATION

1) Tax Parcel Number(s) _____

Quarter- Quarter _____ Section _____ Township _____ Range _____

2) Legal Description of Parcel of Origin (Attached Exhibit "C")

3) What is the current zoning of the property?

___ A-1 Agriculture Protection District

___ LR Limited Residential

___ UE Urban Expansion

___ I Industrial

___ HC Highway Commercial

___ VMX Village Mixed Use

III. COVENANT INFORMATION

Please attach a copy of the existing covenant (Attached Exhibit "E")

IV. PROPERTY OWNER CERTIFICATION

I hereby certify that the information furnished on this application and the attachments are true, that I (we) am (are) the legal owner (s) of the property described above, that I (we) have marketable title to the property, and that I (we) have the legal right to amend the covenant on the property. I understand that by modifying the covenant I am altering the benefits afforded to the property under the original covenant.

Signature of Owner (Applicant)

Date

Signature of Co-Owner (Co-Applicant)

Date

**NOTICE INITIATING EXPIRATION OF AN
AGRICULTURAL PRESERVE**

COUNTY OF: _____ and _____
(Other planning and/or zoning authority, if applicable)

1. PRINT OR TYPE NAME(S) AND ADDRESSES(ES) OF RECORD OWNER(S) Owner(s) is ("X" one):
(Use this space only if applicable.) Individual
 Legal Guardian
 Family Farm Corporation
 Other
(Specify) _____

2. PRINT OR TYPE NAME(S) AND ADDRESS(ES) OF CONTRACT FOR DEED SELLER(S) (VENDORS)
(Use this space only if applicable.)

3. PRINT OR TYPE NAME(S) AND ADDRESS(ES) OF CONTRACT FOR DEED BUYER(S) (VENDEES)
(Use this space only if applicable.)

4. TYPE OF PROPERTY ("X" one):
 Abstract
 Registered (*Torrens*).

5. COMPLETE LEGAL DESCRIPTION OF THE LAND. *(If Torrens property, use the description from the Certificate of Title, verbatim. If Abstract property, use the description from the abstract or deed, or get it from your county auditor. Use an additional sheet if extra space; is needed. Be sure to state your parcel identification number and circle whether or not your property is homesteaded.)*

Parcel Identification Number: _____ Homestead or Non-Homestead
(Circle one)

Legal Description:

6. TOTAL ACRES:

7. DATE OF EXPIRATION OF AGRICULTURAL PRESERVE: _____
(Must be at least eight years after the last notarized date in either No. 9 or No. 10.)

8. DATE OF EXPIRATION OF PROPERTY TAX CREDITS: _____

