

# APPLICATION TO THE ASSESSOR FOR CLASSIFICATION OF LAND AS FARM LAND

State of Connecticut  
Department of Agriculture  
M-29 Rev. 9/94

(Assessor may require additional information  
for determination of such classification)

Prescribed by the Commissioner of  
the Department of Agriculture

An application for classification of land as farm land on any assessment list must be filed with the assessor of the municipality where the farm land is situated between September 1st and October 31st. In a year in which a revaluation of all real property is effective such application may be filed between September 1st and December 30th. Failure to file under Section 12-107c of the Connecticut General Statutes in the proper manner is considered a waiver of the classification on such October 1st assessment date. (SEE ATTACHED STATUTES SECTIONS 12-504a THRU 12-504e). Annual filing is not required unless a change in use, acreage, or ownership has occurred (Sec. 12-504h).

Name of Owner(s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(Number & Street or P.O. Box) (Town/City) (State) (Zip)

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 ATTACH ADDITIONAL SHEETS IF NECESSARY  
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Is this application?     New     Ownership Change     Acreage Change     Use Change

Total acreage of land: \_\_\_\_\_  
ACRES

Portion in actual use for agricultural operations: \_\_\_\_\_  
ACRES

Is total acreage wholly within this town/city?     YES     NO

If NO, which other town/city is this acreage located \_\_\_\_\_

Type of farm operation; (i.e. dairy, vegetable, horse, etc.) \_\_\_\_\_

Equipment used in the farm operation: \_\_\_\_\_

Total Gross Income derived from the farm operations: \$ \_\_\_\_\_  
 (Not required to be majority of income.)

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 PLEASE COMPLETE ONLY WHEN OWNER IS LEASING/RENTING THE LAND FOR FARMING:  
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I, \_\_\_\_\_, residing at \_\_\_\_\_ do hereby declare under penalty of false statement that the land described in the attached application for farm land assessment is rented

by \_\_\_\_\_ to \_\_\_\_\_ pursuant  
Owner (Lessor/Rentor) Renter (Lessee/Rentee)

to a written lease or agreement entered into \_\_\_\_\_  
 the \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_, the term of which commences on  
 the \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_, and terminates on  
 the \_\_\_\_\_, 19\_\_\_\_, in the amount  
 of \$ \_\_\_\_\_ per acre  , month  , or year  . (check appropriate box).

/s/ \_\_\_\_\_  
 Signature of Owner (Lessor/Rentor)

/s/ \_\_\_\_\_  
 Signature of Renter (Lessee/Rentee)

ASSESSOR FORWARD COPY OF RENTAL STATEMENT TO OPM

The term "farm land" means any tracts of land, including woodland and waste land, constituting a farm unit. Farm land includes, but is not limited to, the acreage of such land, the portion in actual use for farming or agricultural operations, the productivity of the land, the gross income, nature and value of the equipment, and the extent to which the tracts comprising such land are contiguous.

**CLASSIFIED VALUE OF ELIGIBLE FARM LANDS**

(Applicant please fill in column 2.)

1	2	3	4
LAND CLASSES	ACRES	USE VALUE	USE ASSESSMENT
Tillable A			
Tillable B			
Tillable C			
Tillable D			
Orchard			
Permanent Pasture			
Swamp/Ledge/Scrub			
Woodland/Forest			
TOTAL ELIGIBLE ACRES			
<b>TOTAL CLASSIFIED USE ASSESSMENT</b>			

**INSTRUCTIONS**

Attach a sketch of your farm land, designating the number of acres within each land class to insure an accurate use valuation.

I DO HEREBY declare under penalty of false statement that the statements herein made by me are true according to the best of my knowledge and belief, and that I have received Sections 12-504a thru 12-504e of the Connecticut General Statutes concerning a potential tax liability upon change of ownership, acreage, or use.

DATED: \_\_\_\_\_ /s/ \_\_\_\_\_

ASSESSOR(S) VERIFICATION: \_\_\_\_\_ Application approved: YES  NO

Application denied for the following reason:  
 \_\_\_\_\_  
 \_\_\_\_\_

ASSESSOR(S): \_\_\_\_\_ DATED: \_\_\_\_\_

Date of Acquisition: \_\_\_\_\_

Map/Block/Lot	Total Acreage	Acreage Classified	Vol./Page/Date Rec.
_____	_____	_____	_____
_____	_____	_____	_____

FORWARD COPY TO APPLICANT