



# POLK COUNTY BONA FIDE FARM EXEMPTION CONFIRMATION

35 Walker Street  
PO Box 308  
Columbus, NC 28722  
Building Inspections: 828-894-3739  
Planning & Zoning: 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 153A-340 (b)(2): 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. **Is the structure being occupied for sleeping purposes?**

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 a bona fide agricultural purpose, and that the proposed land development project or activity is in furtherance of the bona fide 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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_