**Application to the Assessor for Exemption of Certain Farm Buildings**

# This application for exemption of certain farm buildings, as defined in Section 1-lq, up to the assessed value of $100,000 per farm building within the provisions of Section 12-91 of the Connecticut General Statutes, must be filed ANNUALLY by November 1st with the assessor or board of assessors of the municipality in which the building is located. Failure to file this application with the Assessor within the time limit prescribed shall be considered a waiver of the right to such exemption for the assessment year.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| NAME: *(Name of Owner(s) or Trustee(s))* | | TOWN OF: | | |
| PHONE NO: | | E-MAIL: | | |
| MAILING ADDRESS: *(Number and Street or P.O. Box)* | *(Town/City)* | | *(State)* | *(Zip Code)* |

Farm Name/ Town(s) in which the farm buildings are located:

Property Address/Map, Block, Lot Number:

|  |  |  |
| --- | --- | --- |
| Building Name | Building Description/Size | Building Purpose/ Exclusive Use |
|  |  |  |
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|  |  |  |

Have you filed, or do you intend to file, any application for exemption as provided under the above statute, in this or any other town or city, as trustee, as an individual farmer, or as a member of a group of farmers, partnership or family corporation, other than under the ownership contained in this application?

YES NO

Do you derive at least $15,000 in gross sales, or did you incur at least $15,000 in

expenses related to such farming operation during the previous calendar year? YES NO

Are the farm buildings kept within the State of Connecticut? YES NO

I DO HEREBY declare in accordance with Section 12-91 of the CT General Statutes under penalty of perjury that the statements herein made by me are true according to the best of my knowledge and belief.

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| DATE: | | | SIGNED: (*owner(s) or trustee*(s)  **X** | | | | | | | | |
|  | | | DATE: |  | | | |  | | | |
| Subscribed by Sworn |  | |  | SIGNED: (*Notary Public*) | |  |  | *My Commission expires:* | |  |
| To before me: | |  | **X** |  | |  |  | |
| DATE: | | | SIGNED: (*Assessor(s*)) | | | | | | | | |

# NOTE: ATTACH ADDITIONAL SHEETS IF NECESSARY

DoAg Form No. M-28A

Revision Date: November 16, 2021