

WILLIAMSON ACT
APPLICATION FOR COMPATIBLE USE DETERMINATION
for Agricultural Contracts

Preserve No: _____ Contract No. _____ Date of Contract: _____

Assessor Parcel Number(s) of Contracted Land (if known): _____

Under Joint Management Agreement? Yes No

Name of Owner(s): _____

Owner's Representative (if any): _____

Contact Mailing Address: _____
(Street) (City) (Zip Code)

Contact Telephone: _____ Contact Email Address: _____

The farm or ranch is operated by:

Owner Manager Lessee Lessee name: _____

Acreage of Contracted Land: _____ Prime Land Non-Prime Land

Type of Application: Subdivision Variance CUP Boundary Adjustment
 SDR Re-Zoning Building Permit Other _____

Detailed Description of Proposed Use: _____

Owner Signature: _____ Date: _____

See Checklist of Required Application Materials on the Following Page

Final Determination:

- Approved
- Not Approved

Application Processed By: _____
[Signature of Reviewing Planner]