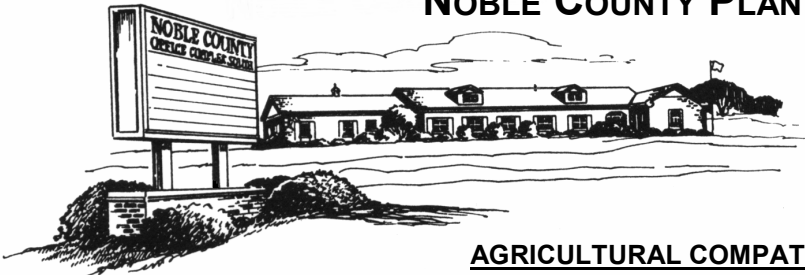


# NOBLE COUNTY PLAN COMMISSION



2090 N. State Road 9, Suite A  
Albion, Indiana 46701  
Phone: (260) 636-7217  
Fax: (260) 636-6957

## AGRICULTURAL COMPATIBILITY FORM

AGRICULTURAL COMPATIBILITY NUMBER: \_\_\_\_\_ DATE: \_\_\_\_\_

OWNER: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

TOWNSHIP: \_\_\_\_\_ SECTION: \_\_\_\_\_ QUADRANT: \_\_\_\_\_ PARCEL #: \_\_\_\_\_

LEGAL DESCRIPTION: \_\_\_\_\_  
(Acreage/Lot #)

STATEMENT OF PROPOSED USE: \* \_\_\_\_\_

STATEMENT OF COMPATIBILITY: I have reviewed the Authorized Uses Table One of the Noble County Zoning Ordinance and understand what uses are permitted in Agricultural One and Agricultural Two Districts. My proposed use is compatible. WITHIN A TWO MILE RADIUS FROM MY PROPOSED USE IS: \*\* \_\_\_\_\_

The owner of the herein described real estate (the Real Estate), for himself, and for all future owners and occupants of said Real Estate, or any parcel or subdivision thereof, for and in consideration of the right to develop the Real Estate hereby:

First, acknowledges and agrees that the Real Estate is in or adjacent to an area zoned for agricultural uses, which include, but are not limited to, production of crops, animal husbandry, land application of animal waste, the raising, breeding, and sale of livestock and poultry, including confinement feeding operations, use of farm machinery, and sale of farm products;

Second, waives any and all objections to any such agricultural uses on any real estate zoned for such uses within two miles of any boundary of the Real Estate, whether such uses currently exist, are enlarged, or changed in use in the future to another agricultural use;

Third, agrees that such agricultural uses, whether currently existing, or hereafter established, enlarged, or changed, do not constitute a nuisance so long as they are not negligently maintained, do not cause bodily injury to third parties, or directly endanger human health; and

Fourth, agree that this covenant is for the benefit of the Noble County Plan Commission and all persons engaged in agricultural uses within two miles of any boundary of the Real Estate and is enforceable by any of the foregoing; together with such other covenants as may be required by this Chapter and/or the Subdivision Control Ordinance, which commitments and covenants shall be recorded by the owner with the Noble County Recorder prior to the recording of any subsequent deeds or the issuance of any improvement location permits; and if the development requires a special exception, subdivision approval, or other approvals or permits, approval of the development plan shall be conditioned upon the applicant obtaining all such other approvals and permits, including, but not limited to, improvement location permits. In addition to the provisions of this ordinance, applicants shall also comply with all applicable federal, state and other local laws, rules and regulations. However, when such other laws, rules and regulations are less restrictive than the terms of this ordinance, then the terms of this ordinance shall apply.

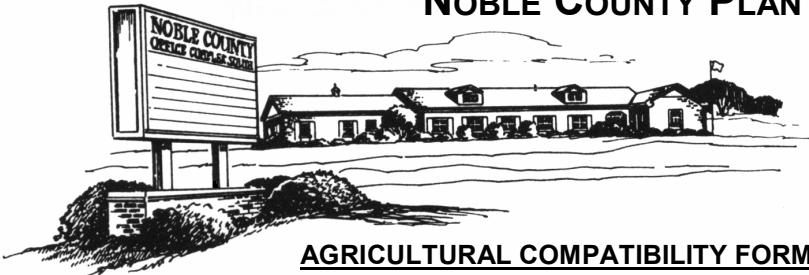
\_\_\_\_\_  
\*\*\* Legal Property Owner (Print)

\_\_\_\_\_  
\*\*\* Legal Property Owner (Signature)

**I affirm, under the penalties of perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law.**

\_\_\_\_\_  
\*\*\*\* Legal Property Owner (Signature)

Prepared by:  
Steve Kirkpatrick – Noble County Plan Director  
2090 N. State Road 9 – Suite A – Albion IN 46701 – Telephone 260.636.7217 / Fax 260.636.6957



# NOBLE COUNTY PLAN COMMISSION

2090 N. State Road 9, Suite A  
Albion, Indiana 46701  
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## AGRICULTURAL COMPATIBILITY FORM — ADDITIONAL PARCELS

TOWNSHIP: \_\_\_\_\_ SECTION: \_\_\_\_\_ QUADRANT: \_\_\_\_\_ PARCEL #: \_\_\_\_\_  
LEGAL DESCRIPTION: \_\_\_\_\_  
(Acreage/Lot #)

TOWNSHIP: \_\_\_\_\_ SECTION: \_\_\_\_\_ QUADRANT: \_\_\_\_\_ PARCEL #: \_\_\_\_\_  
LEGAL DESCRIPTION: \_\_\_\_\_  
(Acreage/Lot #)

TOWNSHIP: \_\_\_\_\_ SECTION: \_\_\_\_\_ QUADRANT: \_\_\_\_\_ PARCEL #: \_\_\_\_\_  
LEGAL DESCRIPTION: \_\_\_\_\_  
(Acreage/Lot #)

TOWNSHIP: \_\_\_\_\_ SECTION: \_\_\_\_\_ QUADRANT: \_\_\_\_\_ PARCEL #: \_\_\_\_\_  
LEGAL DESCRIPTION: \_\_\_\_\_  
(Acreage/Lot #)

TOWNSHIP: \_\_\_\_\_ SECTION: \_\_\_\_\_ QUADRANT: \_\_\_\_\_ PARCEL #: \_\_\_\_\_  
LEGAL DESCRIPTION: \_\_\_\_\_  
(Acreage/Lot #)

TOWNSHIP: \_\_\_\_\_ SECTION: \_\_\_\_\_ QUADRANT: \_\_\_\_\_ PARCEL #: \_\_\_\_\_  
LEGAL DESCRIPTION: \_\_\_\_\_  
(Acreage/Lot #)

TOWNSHIP: \_\_\_\_\_ SECTION: \_\_\_\_\_ QUADRANT: \_\_\_\_\_ PARCEL #: \_\_\_\_\_  
LEGAL DESCRIPTION: \_\_\_\_\_  
(Acreage/Lot #)

**I affirm, under the penalties for perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law.**

\_\_\_\_\_ **\*\*\*\* Legal Property Owner (Signature)**