



TULARE COUNTY RESOURCE MANAGEMENT AGENCY  
Application General Information / Cover Sheet

**AGRICULTURAL  
PRESERVE /  
CONTRACT**

**AG PRESERVE**

- ☐ New  
☐ Enlarge  
☐ Reinstate

**WILLIAMSON ACT CONTRACT**

- ☐ New  
☐ Enlarge  
☐ Reinstate

**Applicant:** \_\_\_\_\_

Mailing Address \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_

E-Mail \_\_\_\_\_

Signature \_\_\_\_\_

**Property Owner:** \_\_\_\_\_

Mailing Address \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_

E-Mail \_\_\_\_\_

Signature \_\_\_\_\_

**Other Persons to be Notified:** (Specify: Other Owner(s), Agent, Lender, Architect, Engineer, Surveyor)

Name/Title \_\_\_\_\_

Mailing Address \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-Mail \_\_\_\_\_

Name/Title \_\_\_\_\_

Mailing Address \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-Mail \_\_\_\_\_

**Site Address(es):** \_\_\_\_\_

**Assessor's Parcel Number(s) to be placed/enlarged/reinstated in Ag Preserve / Contract:**

**APN(s)**

**Acreage**

**APN(s)**

**Acreage**

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**THIS SPACE FOR OFFICE USE ONLY**

**Project Number** \_\_\_\_\_

**Williamson Act Contract No.** \_\_\_\_\_

**Filing Fee(s):** \_\_\_\_\_

**Date Received:** \_\_\_\_\_

**Receipt Number(s)** \_\_\_\_\_

**Agricultural Preserve No.** \_\_\_\_\_

**Total Amount Paid:** \_\_\_\_\_

**Check No:** \_\_\_\_\_

**Received By:** \_\_\_\_\_

**PERMIT CENTER HOURS: MONDAY – THURSDAY 9:00 A.M. TO 4:30 P.M., FRIDAY 9:00 A.M. TO 11:00 A.M.**

**TULARE COUNTY RESOURCE MANAGEMENT AGENCY**  
**\*\*5961 S. Mooney Blvd. Visalia, CA 93277 \*\* PHONE: 559-624-7000 \*\***

## **AG PRESERVE / CONTRACT APPLICATION**

### **REQUIREMENTS, FEES AND INSTRUCTIONS** *(Please use dark blue or black ink)*

The application form for an Agricultural Preserve/Contract must be filled out completely and in every respect with all questions answered and all required attachments before the County can officially accept the application for filing. In the course of accepting and processing the application, the Permit Center Official or Chief Planner may ask the applicant to clarify, correct or otherwise supplement the required information. The application may be filed with the Resource Management Agency Permit Center, at 5961 S. Mooney Blvd., Visalia CA 93277. Phone is (559) 624-7100.

1. Ordinance No. 352 requires a filing fee to be paid when the application is filed. This fee is to cover County's costs for researching, processing and advertising the application. Computer Maintenance fee is required. **Note: If forming or enlarging a Preserve, the applicant must also apply for a Contract and pay total \$1,520.**

Type of Application	Fee* (Adopted 7/7/20)
Ag Preserve/Farmland Security Zone Formation or Enlargement	\$1,000
Ag Preserve/Farmland Security Zone Contract or Reinstatement	\$500
Computer Maintenance Fee	\$10

**\*Fees are subject to change by the Board of Supervisors.**

2. Applications to establish or enlarge an Agricultural Preserve are only accepted until August 31 of each calendar year pursuant to State Law. The Williamson Act Contract must be signed by September 30 in order to be acted upon by the Board of Supervisors during the calendar year; otherwise there will be no effect on assessments for the following tax year.

3. The applicant shall provide the legal description of each individual parcel, identified by Assessor's Parcel Number, and the legal owner(s) of each parcel. This may be in the most recent deed or a Record Owner Guarantee Report prepared by a Title Company. The cost to prepare the report or the legal description is the responsibility of the applicant.

4. Please provide each owner's name, title (if for a company or LLC), address and phone number for the Contract. County staff will mail the Contract after the application is received. It must be signed by each owner. Signatures must be acknowledged by a Notary Public and clearly stamped.

5. The Tulare County Board of Supervisors adopted Resolution No. 2009-0091 on February 10, 2009, which established new policies regarding amendments to existing Williamson Act Contracts. If the State fails to pay subvention funds off-setting property tax loss required by the Open Space Subvention Act, the Board has the authority to unilaterally declare the contract terminated as null and void.

### **SUMMARY OF REQUIREMENTS FOR AN AG PRESERVE / CONTRACT**

1. Completed application, with Assessor's Parcel Number(s), acreage, and contact information for each property owner (name, title, address & phone number).
2. Legal descriptions for each individual parcel listed on this application, either in most recent deed(s) or a Record Owner Guarantee Report.
3. Signed Owner's Affidavit and Indemnification Agreement.
4. Assessor Map Page with parcel(s) marked with general location of land uses, including structures and crops.

<b>**This Space for Office Use Only**</b>	
<b>APPLICATION CHECKLIST – FOR PERMIT CENTER PLANNERS</b>	
<input type="checkbox"/>	Assessor's Parcel No(s) and acreage is listed on cover sheet.
<input type="checkbox"/>	Name, title, address and phone number of each current owner of subject property is listed.
<input type="checkbox"/>	Ownership & legal descriptions are verified by review of recent deed or Record Owner Guarantee Report.
<input type="checkbox"/>	Assessor's Map Page marked with property uses.
<input type="checkbox"/>	Signed Indemnification Agreement.
Confirmed by Permit Center Planner _____(Initials) Date _____	

**EXISTING LAND USE**

Use the following spaces to identify the various land uses existing on the property. On the Assessor's Map page, mark the general location of the land uses.

**LAND USE TYPES**

Agricultural Use:	Acreage & Specific Crop:	Structures:	Number & Type:
Citrus Orchard	_____	Dwellings	_____
Fruit Orchard	_____	Ag Related Bldgs.	_____
(Other) Nut	_____	(Note Type/Use)	_____
Orchard Vineyard	_____	Other Structures	_____
Field Crops	_____	or Uses (Please specify):	_____
			_____
Poultry	_____		_____
Dairy	_____		_____
Grazing Land	_____		
Open/vacant	_____		
Fallow - former Crop	_____		
Other (specify):	_____		
	_____		

Check this space if property does not contain Dwellings or Structures: ☐

**PROPERTY SIZE**

1. Each individual parcel to be placed in an Agricultural Preserve also must contain the following minimum parcel sizes, to ensure that they can sustain their agricultural use consistent with requirements of the Williamson Act.
  - a. Ten (10) acres if Prime (irrigated) agricultural land, generally within the Valley floor area
 

If your land is Prime agricultural land, is each individual parcel at least 10 acres in size? Yes ☐ No ☐
  - b. Forty (40) acres if Non-Prime (non-irrigated grazing land), generally within the foothills or mountains.
 

If your land is Non-prime ag land, is each individual parcel at least 40 acres in size? Yes ☐ No ☐
2. An Agricultural Preserve may include contiguous/adjacent parcels. Each Preserve must contain a minimum of 20 acres or 1/32 of a Section of land or more.
3.
  - a. Total acreage of proposed new Ag Preserve: \_\_\_\_\_ acres (in contiguous parcels)
  - b. If a proposed Preserve contains less than 20 acres and is adjacent to lands in an existing Preserve, an owner may enlarge or annex to that adjacent Preserve.
    1. Existing Preserve # \_\_\_\_\_
    2. Existing Williamson Act Contract # \_\_\_\_\_
    3. Adjacent Assessor's Parcel Number(s) in the above existing Preserve: \_\_\_\_\_
    4. Adjacent parcel's Owner information - name(s), title, address, phone: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**OWNER'S AFFIDAVIT**  
*(Must be signed by property owner)*

STATE OF CALIFORNIA     )  
COUNTY OF TULARE     )

SS.

I, (We,) the undersigned, say:

I (We) own property involved in this application and I (we) have completed this application and other documents and maps required hereby to the best of my (our) ability and the statements and information above referred to are, in all respects, true and correct to the best of my (our) knowledge and belief. I (We) declare under penalty of perjury that the foregoing is true and correct.

Executed on \_\_\_\_\_, 20\_\_, at \_\_\_\_\_

**Property Owner:**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

***Optional – additional property owner:***

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

If there is an agent, title company, or prospective buyer who desires notification of the action taken on this application, please enter name here.

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

FAX No.: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**The County of Tulare**  
**“INDEMNIFICATION AND COST RECOVERY AGREEMENT”**  
**(must accompany this application)**

Please download or print out the form from the  
County Web Site  
(located with the list of land use applications).

The Indemnification and Cost Recovery Agreement  
must be filled in and signed by the applicant and must be  
submitted as part of any land use application requiring  
discretionary review by the County.

This Agreement must be signed by the Applicant

Please sign the Agreement in blue ink (preferred)  
and submit the original, signed document with the appropriate  
land use application.

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**WITHDRAWAL OF APPLICATION**

Should you, at any time during the processing of your application, wish to withdraw your application and request a refund of fees paid, you may do so by forwarding a letter to the Resource Management Agency making that request. Please state clearly that you no longer wish to proceed with your land use project (*state the project number*), and that you are requesting a withdrawal of your project and a refund of any fees that have not been expended for the processing of your application.

Please date and sign the letter and include a mailing address where you would like any refund of fees (if applicable) to be mailed. Forward the request to the attention of the project planner.

**ATTACHMENT C**  
**To Administrative Regulation 49**

**COUNTY OF TULARE**  
**CAMPAIGN CONTRIBUTION DISCLOSURE FORM**

Application or Solicitation Number: \_\_\_\_\_  
Application or Solicitation Title: \_\_\_\_\_

Was a campaign contribution, regardless of the dollar amount, made to any member of the Tulare County Board of Supervisors or to any County Officer, within the last 12 months, by the applicant, or, if applicable, any of the applicant's proposed subcontractors or the applicant's agent or lobbyist?

Yes \_\_\_\_\_ No \_\_\_\_\_

**If no**, please sign and date below.

**If yes**, please provide the following information:

Applicant's Name: \_\_\_\_\_  
Contributor(s) or Contributors Firm's Name: \_\_\_\_\_  
Contributor(s) or Contributor Firm's Address: \_\_\_\_\_

Is the Contributor: (*check applicable boxes*)

<input type="checkbox"/> The Applicant	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<input type="checkbox"/> Subcontractor	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<input type="checkbox"/> The Applicant's agent/ or lobbyist	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

**Note:** Under California law as implemented by the Fair Political Practices Commission, campaign contributions made by the Applicant and the Applicant's agent/lobbyist who is representing the Applicant in this application or solicitation must be aggregated together to determine the total campaign contribution made by the Applicant.

Identify the Board of Supervisors Member(s) and County Agency Officer(s) to whom you, your subcontractors, and/or agent/lobbyist made campaign contributions, within the last 12 months, the name of the contributor, the dates of contribution(s) and dollar amount of the contribution. Each date must include the exact month, day, and year of the contribution.

Name of Board of Supervisors Member or County Agency Officer: \_\_\_\_\_  
Name of Contributor(s): \_\_\_\_\_  
Date(s) of Contribution(s): \_\_\_\_\_  
Amount(s): \_\_\_\_\_

(Please add an additional sheet(s) to identify additional Board Members or County Agency Officer to whom you, your subconsultants, and/or agent/lobbyist made campaign contributions)

By signing below, I certify that the statements made herein are true and correct. I also agree to disclose to the County any future contributions made to Board Members or County Agency Officers by the applicant, or, if applicable, any of the applicant's proposed subcontractors or the applicant's agent or lobbyist after the date of signing this disclosure form, and within 12 months following the approval, renewal, or extension of the requested license, permit, or entitlement to use.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Print Firm Name if applicable

\_\_\_\_\_  
Print Name of Applicant