

YAMHILL COUNTY DEPARTMENT OF PLANNING & DEVELOPMENT  
**AGRI-TOURISM EVENT RENEWAL  
 APPLICATION**

Renewal of Docket \_\_\_\_\_  
 Date \_\_\_\_\_  
 Rec'd by \_\_\_\_\_  
 Receipt # \_\_\_\_\_  
 Fee \_\_\_\_\_

525 NE Fourth Street, McMinnville, OR 97128 • Tel: 503-434-7516 • Fax: 503-434-7544

APPLICANT			LEGAL OWNER (IF DIFFERENT)		
Last name	First	MI	Last name	First	MI
Mailing address (Street or PO Box)			Mailing address (Street or PO Box)		
City	State	Zip	City	State	Zip
Telephone			Telephone		
E-mail address			E-mail address		

If the applicant is not the legal owner, state interest in property:

**PROPERTY INFORMATION**

Tax Lot(s): \_\_\_\_\_ Zone: \_\_\_\_\_  
 Size of Tract (include all adjacent tax lots) \_\_\_\_\_

**Please check the appropriate box:**

Six Events (Type A or B) - \$305.00  18 Events (Type B) - \$489.00

<b># OF EVENTS HELD:</b>	<b>ATTENDANCE PER EVENT:</b>
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1. **DESCRIBE HOW THE EVENTS HAVE COMPLIED WITH THE ENCLOSED CONDITIONS OF APPROVAL** (Attach additional sheets if necessary):

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2. **HAVE YOU HAD ANY INPUT/COMMENTS FROM NEIGHBORS OVER THE PAST YEAR? IF SO, DESCRIBE HOW YOU HAVE MODIFIED YOUR EVENTS IN RESPONSE TO NEIGHBOR INPUT:** \_\_\_\_\_

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3. THE EVENTS ARE TO BE INCIDENTAL AND SUBORDINATE TO THE EXITING FARM USE ON THE PROPERTY. IF THERE HAVE BEEN CHANGES TO THE FARM USE ON THE PROPERTY WHICH WOULD NOT MAKE THE EVENTS INCIDENTAL AND SUBORDINATE, PLEASE DESCRIBE THOSE CHANGES (Attach additional sheets if necessary):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. FOR MAXIMUM 18 EVENT PERMITS, THE EVENTS ARE TO BE INCIDENTAL AND SUBORDINATE TO EXISTING COMMERCIAL FARM USE OF THE PROPERTY AND NECESSARY TO SUPPORT COMMERCIAL FARM USES OR COMMERCIAL AGRICULTURAL ENTERPRISES IN THE AREA. DESCRIBE ANY CHANGES THAT WOULD NOT MAKE THIS THE CASE (Attach additional sheets if necessary):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**THE APPLICANT MUST SUBMIT:**

1. Completed application form, signed by the applicant and property owner (if different). The owner's signature must be notarized.
2. Written justification of how the application complies with the conditions of approval. If necessary, attach additional sheets to this form.
3. Filing fee (make check payable to Yamhill County).

***NOTE: Fees are not transferrable or refundable.***

I hereby declare under penalties of false swearing (ORS 162.075 and 162.085) that the above information is true and correct to the best of my knowledge. I understand that issuance of an approval based on this application will not excuse me from complying with other effective ordinances and laws regulating the use of the land and buildings.

I hereby grant permission for and consent to Yamhill County, its officers, agents, and employees coming upon the above-described property to gather information and inspect the property whenever it is reasonably necessary for the purpose of processing this application.

\_\_\_\_\_  
Applicant's signature Date

\_\_\_\_\_  
Property owner's signature (if different) Date

State of \_\_\_\_\_

County of \_\_\_\_\_

Signed before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_,

by \_\_\_\_\_.

\_\_\_\_\_  
Notary Public for Oregon  
My Commission expires \_\_\_\_\_