



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

Agricultural Compatibility Number _____ Date _____
Owner _____
Mailing Address _____
Parcel Number _____
Legal Description _____

Statement of Proposed Use _____

Agricultural Compatibility Agreement

Having reviewed the Authorized Use Tables from the Noble County Unified Development Ordinance and the land uses in a two-mile radius from my property, which includes **livestock and crops**, I agree that my proposed use is compatible.

I acknowledge and agree that the Real Estate described herein is in or adjacent to an area zoned for agricultural uses, and that agricultural uses are permitted on the adjacent land, including: spraying manure from animal operations, operating large equipment late at night, application of approved pesticides, herbicides, fungicides, and the like, application of chemical fertilizers, potential for dust to drift onto and across the subject property, potential for debris to be cast onto the subject property, and similar agricultural practices for the production of livestock and crops.

I agree that I shall not remonstrate against any agricultural practices consistent with normal and common practice and that is operating within the law. I understand that this agreement is binding on myself and all future owners of the Real Estate described herein.

I agree that this agreement 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 the aforementioned. I understand that this agreement must be recorded in the office of the Noble County Recorder prior to issuance of any permit with the Plan Commission. In addition to the provisions of the Unified Development 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 (Printed)

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. /s/ Kenneth J. Hughes, Plan Director
Instrument prepared by Kenneth J. Hughes, Plan Director