

Land Taxation (Relief) Act

Form E
(Regulation 6)

APPLICATION FOR DERATING CERTIFICATE IN RESPECT OF AGRICULTURAL LAND

I/We
the owner/person(s) in possession/agent of land as described below do hereby apply for a derating certificate in accordance with the provisions of the law.

SECTION A

VALUATION NUMBER	PARISH	COLLECTORATE	
Town/District		Unimproved Value	Improved Value (where applicable)
Valuation as determined under the Land Valuation Act, state here ▶			
N.B. If there is an outstanding objection to the value state contended/declared value			
Area of Parcel of Land		Title Reference: Volume Folio	
Name and Address of Applicant			
Satus of Applicant, e.g., owner, tenant, etc.			
Name and Address of Owner			
Date when land was acquired whether by purchase, lease or otherwise			
Purchase Price/Rental payable under lease (where applicable)			

SECTION B

Furnish full details of the physical characteristics of the parcel of land by giving area of land in the relevant classification(s) below:

N.B. State area in acres/hectares

LEVEL LAND	GENTLY SLOPING/ UNDULATING	STEEP LAND	ROCKY/ PRECIPITOUS LAND	SWAMPS	RIVER WASH/ OTHER LAND

Total area of arable land Total area of non-arable land

Predominant soil type

Average annual rainfall ins.

Rainfall over the past 12 months Average Below Average Above Average

Source of water supply e.g. river, spring, irrigation system, municipal system, etc.

Any other characteristics of the parcel of land

SECTION C

Is the whole of the land used exclusively for agricultural purposes? Yes No

If not wholly so used, state:

- (a) the area of land used for agricultural purposes
- (b) the area of land not used for agricultural purposes
- (c) the reason(s) why land is not wholly used

State the use(s) to which the whole of the land has been put during the past three years, giving full particulars

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SECTION D

Furnish full details of agricultural production during the three years immediately preceding the date of this application:

YEAR	(i) TYPE OF CROP	AREA OF LAND UTILIZED FOR CROP	QUANTITY OF CROP PRODUCED

LIVESTOCK/ POULTRY	YEAR	AREA OF LAND UTILIZED	NUMBER CARRIED (heads/birds)	PRODUCTION (e.g., number sold (live weight) etc., gallons milk produced, etc)
Cattle (Beef) Dairy				
Pigs, Goats, Sheep				
Poultry (Broilers/ Layers)				

(ii) Furnish details of any other forms of qualifying activity.

(If space above is inadequate, use separate sheet.)

SECTION E

State the number of persons employed during each of the three years immediately preceding the date of this application.

YEAR	PERMANENT EMPLOYEES	SEASONAL EMPLOYEES

SECTION F

(i) Has any application been made for permission or outline permission to sub-divide the whole or any part of the land? Yes No

If yes, state particulars of subdivision application ----- Residential/Agricultural
No. of Lots ----- any other particulars -----

(ii) Has any contract been entered into for the disposal of the whole or any part of the parcel of land? Yes No

If yes, state price of lot(s)/parcel -----

(iii) Has any Idle Land Notice or Order been served under the Land Development and Utilization Act, concerning the land or any part thereof as described at Section A?

Yes No

(iv) Has any other application been made for relief in respect of property tax payable on this parcel of land?

Yes No

If yes, state date(s) of application and class of relief applied for e.g., agriculture or hotel derating/ Minister's special discretionary relief/relief in respect of private dwelling house(s), agricultural land or approved organization(s) where the development potentialities of the land have been taken into account in the valuation made under the Land Valuation Act. -----

Was relief granted? Yes No Period of relief granted: -----

Effective date of relief -----

SECTION G (If the space provided is inadequate, please attach supplementary sheet(s))

Any other information considered relevant in support of this application.

DECLARATION

I/We do hereby declare that the answers to the questions in this application (and the attached statements) are to the best of my (our) knowledge true and correct.

Date

Applicant(s) Signature(s)

This application is to be completed in TRIPLICATE and forwarded to the Secretary, Land Taxation Relief Board, c/o 1 - 3 King Street, Kingston.

THIS BOX IS FOR OFFICIAL USE