



# TOWNSHIP OF HALFMOON

100 MUNICIPAL LANE · PORT MATILDA, PA 16870

TELEPHONE : (814) 692-9800

www.halfmoontwp.us

## AGRICULTURAL BUILDING EXEMPTION FORM

DATE: \_\_\_\_\_

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

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

TELEPHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

SITE LOCATION: \_\_\_\_\_

TAX PARCEL #: 17-\_\_\_\_\_

I certify and acknowledge that the proposed building intended to be erected or constructed at the above location meets the definition of an “agricultural building” as defined below by the Pennsylvania Uniform Construction Code Act 45 of 1999, as amended, Pa Code §104(b).

***AGRICULTURAL BUILDING:** A structure utilized to store farm implements, hay, feed, grain, or other agricultural or horticultural products or to house poultry, livestock or other farm animals and a milk house and a structure used to grow mushrooms, agricultural or horticultural products. The term includes a carriage house owned and used by members of the recognized religious sect for the purposes of housing horses and storing buggies. The term includes a structure that is less than 1,000 square feet in size which is utilized to process maple sap. The term shall not include habitable space or spaces in which agricultural products are processed, treated, or packaged and shall not be constructed to mean a place of occupancy by the general public.*

I also acknowledge that I am responsible to obtain a Building Permit should the use or occupancy of the building be changed and when no longer being utilized as an agricultural building.

I hereby certify that I am the owner of the property listed on this Application. I understand that submission of this form grants authorized representatives from the Township of Halfmoon access to this property to inspect the structure(s) under construction.

Owner Signature	Owner Name (Print)	Date
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COMMONWEALTH OF PENNSYLVANIA :  
 :SS  
 COUNTY OF :

On this, the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, before me, the undersigned officer, personally appeared \_\_\_\_\_, known to me, or satisfactorily proven, to be the person(s) is (are) subscribed to the within instrument, and acknowledged that he/she or they executed that same for the purposes herein contained.

IN WITNEES WHEREOF, I have hereunto set my hand and official seal.

\_\_\_\_\_  
Notary Public