



Habersham County Board of Tax Assessors
130 Jacobs Way, Suite 201, Clarkesville, GA 30523
706-839-0100 Fax: 706-754-8079
www.habershamga.com

CONSERVATION USE REQUEST TO END COVENANT WITHOUT PENALTY

Map/Parcel Number(s): _____ Phone #: _____

Taxpayer Name: _____

Reason for ending covenant: (Please check one)

- _____ Age 65: O.C.G.A. 48-5-7.4 (q)(3) An owner electing to discontinue the property in its qualify use provided such owner has renewed without an intervening lapse and has reached the age of 65 or older and has kept the property in a qualifying use under the renewal covenant for at least 3 years. **(Need a copy of drivers license)**

- _____ Age 67: O.C.G.A. 48-5-7.4 (q)(4) An owner electing to discontinue the property in its qualify use provided such owner entered into the covenant for bona fide conservation use for the first time after reaching Age 67 and has either owned the property for at least 15 years or inherited the property and has kept the property in a qualifying use under the covenant for at least 3 years. **(Need a copy of drivers license)**

- _____ Medical: O.C.G.A. 48-5-7.4 (q)(2) Any case in which a covenant is breached solely as a result of a medically demonstrable illness or disability which renders the owner of the real property physically unable to continue the property in the qualifying use, provided that the board of tax assessors shall require satisfactory evidence which clearly demonstrates that the breach is the result of a medically demonstrable illness or disability. **(Need a letter explaining illness from a certified physician) **Please Note: Could result in other covenanted property being removed from Covenant.**

- _____ Death: O.C.G.A.48-5.7.4(n)(3) The penalty imposed shall not apply in any case where a covenant is breached solely as a result of the death of an owner who was a party to the covenant. **(Need a copy of death certificate)**

Taxpayers Signature

Date Signed

For Office Use Only:	
Tax Year to be removed _____	
Items needed: _____ Driver's License	_____ Letter from Physician
_____ Death Certificate	
Notes: _____	
