



Office of Tom J. Bordonaro, Jr., County Assessor

1055 Monterey Street, Suite D360, San Luis Obispo, CA 93408
(805) 781-5643 Fax: (805) 781-5641 Website: slocounty.ca.gov/assessor

Assessor's use only:

Property Owner's Statement of Commercial Construction/Demolition

PERMIT DESCRIPTION

We have observed new construction or have been notified that a permit was issued for the property identified above. The Assessor is required by law to gather information regarding all new construction for property tax purposes.

To properly assess your property, an on-site inspection by an appraiser is necessary. This questionnaire has been designed to assist the appraiser with the valuation of your new construction. Please complete this form and return it in the envelope provided, no later than 15 days following completion of the project. *If necessary, please forward this statement to the party responsible for the new construction.* Should you have any questions regarding this form, please call (805) 781-5643 or if located in the North County call (805) 461-6143.

PART 1. PLEASE COMPLETE ONLY THE SECTIONS APPLICABLE TO YOUR NEW CONSTRUCTION

DESCRIPTION OF NEW CONSTRUCTION <input type="checkbox"/> new structure <input type="checkbox"/> alteration/remodel of exterior <input type="checkbox"/> addition <input type="checkbox"/> alteration/remodel of interior <input type="checkbox"/> repair or replacement <input type="checkbox"/> demolition <input type="checkbox"/> other _____	INTERIOR STRUCTURE AND FINISH (Complete only if new construction includes interior finish.) Area of new finish interior: _____ sq. ft. Interior walls: <input type="checkbox"/> frame partitions linear ft.: _____ height: _____ ft. <input type="checkbox"/> glass walls linear ft.: _____ height _____ ft. <input type="checkbox"/> other _____ linear ft.: _____ height _____ ft. Floor finish: <input type="checkbox"/> carpet _____ sq. ft. <input type="checkbox"/> hardwood _____ sq. ft. <input type="checkbox"/> sheet vinyl _____ sq. ft. <input type="checkbox"/> vinyl tile: _____ sq. ft. <input type="checkbox"/> other _____ sq. ft. Ceiling finish: _____ <input type="checkbox"/> exposed/open <input type="checkbox"/> sheetrock/plaster <input type="checkbox"/> suspended <input type="checkbox"/> other _____
STRUCTURAL AND EXTERIOR (Complete if this is a new building, addition, or remodel/alteration.) Use of new area: _____ Size of new area: _____ sq. ft. Net leasable area: _____ sq. ft. Foundation: <input type="checkbox"/> slab <input type="checkbox"/> raised <input type="checkbox"/> other _____ Frame: <input type="checkbox"/> wood <input type="checkbox"/> steel <input type="checkbox"/> concrete block <input type="checkbox"/> concrete tilt up <input type="checkbox"/> other _____ Exterior walls: height: _____ linear ft. <input type="checkbox"/> stucco <input type="checkbox"/> wood siding <input type="checkbox"/> concrete <input type="checkbox"/> metal <input type="checkbox"/> other _____ Roof: <input type="checkbox"/> flat <input type="checkbox"/> shed <input type="checkbox"/> gable <input type="checkbox"/> other _____ <input type="checkbox"/> composition <input type="checkbox"/> metal <input type="checkbox"/> hot mop <input type="checkbox"/> tile <input type="checkbox"/> shake <input type="checkbox"/> other _____	DEMOLITION, REPAIR, OTHER Describe demolition, repair, or other work done: _____ _____ _____ _____

PLEASE COMPLETE THE REVERSE SIDE OF THIS FORM

SYSTEMS AND FIXTURES

Systems: Indicate if new (N) or replacement (R)

N	R	Heating-type: _____
_____	_____	Cooling-type: _____
_____	_____	Lighting-type: _____
_____	_____	Sprinklers-type: _____
_____	_____	Other-type: _____

List all plumbing fixtures and indicate number of each. Circle the fixtures that are new.

Restroom	Toilets	Urinals	Sinks	Shower	SH/Tub
1.					
2.					
3.					
4.					
Total number of restrooms: _____					

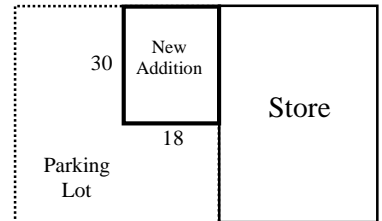
PART 2. PLEASE COMPLETE ALL OF THE SECTIONS BELOW**TENANT INFORMATION:** *(attach an additional sheet, if needed.)*The property is: owner-occupied leased/rented combination Date negotiated if leased: _____

Leased space area: _____ sq. ft. Base rent: \$ _____/month Additional rent (NNN/CAM): \$ _____/month

Address or suite number of leased space(s): _____

Tenant pays: utilities insurance maintenance taxes other

Name of tenant: _____ Name of business: _____

Is the new construction owned by a tenant? Yes No Was it paid for by rent concessions? Yes NoIs the tenant responsible for the property taxes for the new construction? Yes No**DIAGRAM OF NEW CONSTRUCTION:** Draw a sketch of the new construction, showing its dimensions and positions in relation to existing structure(s). Please label all new items. Copies of your plans are not always provided to this office by other agencies. If additional space is needed, attach a separate sheet.**EXAMPLE:****COST AND COMPLETION DATA:**Work was done by: owner tenant, if leased combination

Date work was completed (or date usable): _____ If incomplete, estimate percent complete to date: _____ %

Estimate completion date: _____

Total costs paid by owner: \$ _____

Total costs paid by tenant: \$ _____

TOTAL COST OF PROJECT: \$ _____**IF COMPLETE, COST TO DATE: \$ _____****REMARKS:** _____

Thank you for your cooperation. An appraiser may contact you for additional information.*I certify (or declare) under penalty of perjury, under the laws of the State of California, that the foregoing, including and accompanying, statements or documents, is true, correct and complete to the best of my knowledge and belief.*_____
Signature_____
Title (i.e. property owner/tenant/agent/contractor)_____
Printed Name_____
Date_____
Phone Number (8 a.m. – 5 p.m.)