



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 Tenant Improvements 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 may be 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.

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 No

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 incomplete, amount expended to date: \$ _____

REMARKS: _____

PLEASE COMPLETE THE REVERSE SIDE

PART 2. PLEASE COMPLETE ONLY THE SECTIONS APPLICABLE TO YOUR NEW CONSTRUCTION.

<p>DESCRIPTION OF NEW CONSTRUCTION</p> <p><input type="checkbox"/> Interior finish of the existing shell building.</p> <p>Type of use: _____</p> <p><input type="checkbox"/> Alteration or remodel of previously finished interior for same tenant.</p> <p>Type of use: _____</p> <p><input type="checkbox"/> Alter store front.</p> <p><input type="checkbox"/> Repair or replacement of fixture or building system. <i>(Complete Systems and Fixtures section below)</i></p> <p><input type="checkbox"/> Other: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>CONSTRUCTION DETAIL</p> <p>Area of finished interior: _____ sq. ft.</p> <p>Interior walls</p> <p><input type="checkbox"/> frame interior partitions linear ft.: _____ height _____ ft.</p> <p><input type="checkbox"/> interior glass walls linear ft.: _____ height _____ ft.</p> <p><input type="checkbox"/> other: _____ linear ft.: _____ height _____ ft.</p> <p>Floor finish</p> <p><input type="checkbox"/> carpet _____ sq. ft. <input type="checkbox"/> hardwood _____ sq. ft.</p> <p><input type="checkbox"/> sheet vinyl _____ sq. ft. <input type="checkbox"/> Vinyl tile _____ sq. ft.</p> <p><input type="checkbox"/> other _____ sq. ft.</p> <p>Ceiling</p> <p><input type="checkbox"/> exposed/open <input type="checkbox"/> sheetrock/plaster</p> <p><input type="checkbox"/> suspended <input type="checkbox"/> other _____</p>
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<p>SYSTEMS AND FIXTURES</p> <p>Systems: Indicate if new (N) or replacement (R)</p> <table style="width:100%; border: none;"> <tr> <td style="width:10%; text-align: center;">N</td> <td style="width:10%; text-align: center;">R</td> <td style="width:80%;">Heating-type: _____</td> </tr> <tr> <td></td> <td></td> <td>Cooling-type: _____</td> </tr> <tr> <td></td> <td></td> <td>Lighting-type: _____</td> </tr> <tr> <td></td> <td></td> <td>Sprinklers-type: _____</td> </tr> <tr> <td></td> <td></td> <td>Other-type: _____</td> </tr> </table>	N	R	Heating-type: _____			Cooling-type: _____			Lighting-type: _____			Sprinklers-type: _____			Other-type: _____	<p>List all plumbing fixtures and indicate number of each. Circle the fixtures that are new.</p> <table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="width:15%;">Restroom</th> <th style="width:15%;">Toilets</th> <th style="width:15%;">Urinals</th> <th style="width:15%;">Sinks</th> <th style="width:15%;">Shower</th> <th style="width:15%;">SH/Tub</th> </tr> </thead> <tbody> <tr><td>1.</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>2.</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>3.</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>4.</td><td></td><td></td><td></td><td></td><td></td></tr> <tr> <td colspan="6">Total number of restrooms: _____</td> </tr> </tbody> </table>	Restroom	Toilets	Urinals	Sinks	Shower	SH/Tub	1.						2.						3.						4.						Total number of restrooms: _____					
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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 information, including any 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.)