

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

Assess	or's u	se only	:

Property Owner's Statement of Residential 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. Should you have any questions regarding this form, please call (805) 781-5643 or if located in the North County call (805) 461-6143.

ADDITION, CONVERSION, REMODEL (Circle one)	GARAGE, SHED CARPORT, BARN, ENCLOSED PATIO,
Use of new area:	CABANA, OTHER(Circle one)
Previous use of area:	Size: x or sa.ft.
Was any area demolished prior to the new construction?	Size:xorsq. ft. length width
□ Yes □ No Cost: (If yes, please complete Demolition Section on reverse side.) Size of addition or converted/remodeled area: sq. ft. Foundation: □ slab □ raised □ other: Exterior Walls: □ stucco □ siding □ other: Roof Cover: □ composition shingle □ tile □ shake □ composition roll □ hot mop	Foundation type: Exterior wall type: Roof cover: Interior walls: drywalls unfinished Floor cover type: or none Other: (electrical, plumbing, etc.)
Floor Cover: ☐ ceramic tile ☐ marble tile ☐ carpet	
□ vinyl □ hardwood □ other:	COVERED PATIO, UNCOVERED PATIO, DECK, PAVING,
Heating: ☐ forced air ☐ wall	OTHER(Circle one)
☐ air conditioning ☐ fireplace	Size:xorsq. ft.
For kitchen and bath additions or remodels, please provide an interior description in the remarks section on the reverse side.	length width Material:
Total number of rooms after addition, conversion, or remodel:	Elevation: □ on grade □ elevatedft. □ railings □ stairs # of steps
Living room Bedrooms	Poof type: □ flet □ ched □ cells
Kitchen Full baths	Roof type: ☐ flat ☐ shed ☐ gable
Dining room ¾ baths	Roof cover: ☐ shake ☐ composition shingle
Family/Den ½ baths	☐ tile ☐ hot mop ☐ trellis ☐ other
Utility room Other	Size of covered area:x orsq. ft.

FENCE, RETAINING WALL (Circle one)	POOL, SPA, HOT TUB (Circle one)				
Length:lin. ft. Height:	Pool size:x Depth:				
Fence material: ☐ solid ☐ 3 rail corral	length width				
\square chain link \square deer fence	Material: ☐ gunite ☐ fiberglass ☐ plastic liner				
□ other	Heater: □ gas □ solar □ electric				
Wall material: ☐ concrete block ☐ poured concrete	☐ mechanical cover ☐slide				
☐ redwood ☐ reinforced ☐ treated lumber	☐ diving board ☐ pool sweep				
	Spa size:x ordiameter				
FIREPLACE, WOODSTOVE (Circle one)	Spa type: ☐ portable ☐ built-in ☐ attached to pool				
Fireplace: □ zero-clearance □ masonry					
☐ gas log ☐ free standing	DEMOLITION, REPAIR, SOLAR, OTHER:				
☐ single ☐ double	Describe demolition, repair or other work done:				
Hearth: ☐ tile ☐ brick ☐ marble tile					
□ raised □ other					
DART 0 DI EAGE COMPLETE ALL OF THE OFFICIAL OF	L				
PART 2. PLEASE COMPLETE ALL OF THE SECTIONS B	BELOW.				
DIAGRAM OF NEW CONSTRUCTION: Draw a sketch below of the new construction, showing its dimensions and position 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. Cost and complete of the part of the part of the position of the new construction, showing its dimensions and position 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: 12					
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 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.)				