



# Tom J. Bordonaro, Jr., County Assessor

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For Assessor's Use Only

## Property Owner's Statement of Commercial Construction/Demolition

**PLEASE REFER TO THE AFFIXED ADDRESS LABEL FOR A DESCRIPTION OF THE NEW CONSTRUCTION/PERMIT**

***If necessary, please forward this statement to the party responsible for the new construction.***

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.

### **PART 1. Please Complete Only the Sections Applicable to Your New Construction**

#### **DESCRIPTION OF NEW CONSTRUCTION**

- new structure                       alteration/remodel of exterior
- addition                               alteration/remodel of interior
- repair or replacement    demolition
- 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 leaseable area: \_\_\_\_\_ sq. ft.
- Foundation:  slab    raised    other \_\_\_\_\_
- Frame:       wood    steel    concrete block
- concrete tilt-up    other \_\_\_\_\_
- Exterior walls: height: \_\_\_\_\_ linear ft.
- stucco    wood siding    concrete
- metal    other \_\_\_\_\_
- Roof:  flat    gable    shed    other \_\_\_\_\_
- composition    metal    hot mop    tile
- shake    other \_\_\_\_\_

#### **INTERIOR STRUCTURE AND FINISH**

*( Complete only if new construction includes interior finish.)*

Area of new finished interior: \_\_\_\_\_sq. ft.

Interior walls:

- frame partitions linear ft.: \_\_\_\_\_ height: \_\_\_\_\_ft.
- glass walls      linear ft.: \_\_\_\_\_ height: \_\_\_\_\_ft.
- other \_\_\_\_\_
- linear ft.: \_\_\_\_\_ height: \_\_\_\_\_ft.

Floor finish:

- carpet \_\_\_\_\_sq. ft.    hardwood \_\_\_\_\_sq.ft.
- sheet vinyl \_\_\_\_\_sq.ft.    other \_\_\_\_\_
- vinyl tile: \_\_\_\_\_sq. ft.                      \_\_\_\_\_sq. ft.

Ceiling finish:

- exposed/open                       sheetrock/plaster
- suspended                       other \_\_\_\_\_

#### **DEMOLITION, REPAIR, OTHER**

Describe demolition, repair or other work done:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

<p><b>SYSTEMS AND FIXTURES</b></p> <p>Systems: Indicate if new (N) or replacement (R)</p> <p>N      R</p> <p>_____ Heating-type: _____</p> <p>_____ Cooling-type: _____</p> <p>_____ Lighting-type: _____</p> <p>_____ Sprinklers-type: _____</p> <p>_____ Other-type: _____</p>	<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;"> <thead> <tr> <th style="width: 10%;"></th> <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><td></td></tr> <tr><td>2.</td><td></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><td></td></tr> <tr><td>4.</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr> <td colspan="7">Total # of Restrooms: _____</td> </tr> </tbody> </table>		Restroom	Toilets	Urinals	Sinks	Shower	SH/Tub	1.							2.							3.							4.							Total # of Restrooms: _____						
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**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 # 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

Is 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 INCOMPLETE, 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 information, 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 \_\_\_\_\_ Telephone No. (8:00 a.m.-5:00 p.m.) \_\_\_\_\_