



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

For Assessor's Use Only

County Government Center  
1055 Monterey Street, Suite D360  
San Luis Obispo, CA 93408  
(805) 781-5643 FAX: (805) 781-5641  
Web site: www.slocounty.ca.gov/assessor

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

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

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)

Use of new area: \_\_\_\_\_

Previous use of area: \_\_\_\_\_

Was any area demolished prior to the new construction?

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

Floor Cover:  carpet  vinyl  ceramic tile  
 marble tile  hardwood  other \_\_\_\_\_

Heating:  forced air  wall  air conditioning  fireplace

For kitchen and bath additions or remodels, please provide an interior description in the Remarks section on the reverse side.

Total number of rooms after addition, conversion or remodel:

Living room _____	Bedrooms _____
Kitchen _____	Full baths _____
Dining room _____	3/4 baths _____
Family/Den _____	1/2 baths _____
Utility room _____	Other _____

### GARAGE, SHED CARPORT, BARN, ENCLOSED PATIO, CABANA, OTHER \_\_\_\_\_ (Circle one)

Size: \_\_\_\_\_ x \_\_\_\_\_ or \_\_\_\_\_ sq. ft.  
length width

Foundation type: \_\_\_\_\_

Exterior wall type: \_\_\_\_\_

Roof cover: \_\_\_\_\_

Interior walls:  drywall  unfinished

Floor cover type: \_\_\_\_\_ or  none

Other: (electrical, plumbing, etc.) \_\_\_\_\_

### COVERED PATIO, UNCOVERED PATIO, DECK, PAVING, OTHER \_\_\_\_\_ (Circle one)

Size: \_\_\_\_\_ x \_\_\_\_\_ or \_\_\_\_\_ sq. ft.  
length width

Material: \_\_\_\_\_

Elevation: on grade  elevated \_\_\_\_\_ ft.  
 railings  stairs # steps \_\_\_\_\_

Roof type:  flat  shed  gable

Roof cover:  composition shingle  shake  
 tile  hot mop  trellis  other \_\_\_\_\_

Size of covered area: \_\_\_\_\_ x \_\_\_\_\_ or \_\_\_\_\_ sq. ft.

**PLEASE COMPLETE REVERSE SIDE**

**FENCE, RETAINING WALL** (Circle one)

Length: \_\_\_\_\_ lin. ft.      Height: \_\_\_\_\_

Fence material:    solid                       3 rail corral

chain link               deer fence

other \_\_\_\_\_

Wall material:    concrete block    poured concrete

treated lumber  redwood               reinforced

**POOL, SPA, HOT TUB** (Circle one)

Pool size: \_\_\_\_\_ x \_\_\_\_\_      Depth: \_\_\_\_\_

                         length                      width

Material:    gunite               fiberglass               plastic liner

Heater:    gas               solar               electric

pool sweep    diving board    mechanical cover    slide

Spa size: \_\_\_\_\_ x \_\_\_\_\_ or \_\_\_\_\_ diameter

                         length                      width

Spa type:    portable               built-in               attached to pool

**FIREPLACE, WOODSTOVE** (Circle one)

Fireplace:    zero-clearance               masonry

free-standing               gas log

single                       double

Hearth:    tile               brick               marble tile

raised    other \_\_\_\_\_

**DEMOLITION, REPAIR, SOLAR, OTHER:**

Describe demolition, repair or other work done: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

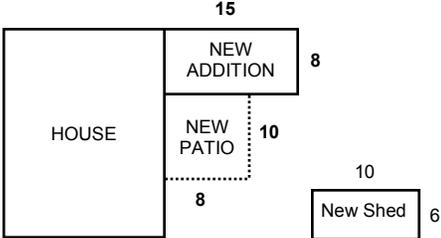
\_\_\_\_\_

\_\_\_\_\_

**PART 2. Please Complete All of the Sections Below**

**DIAGRAM OF NEW CONSTRUCTION:** Draw a sketch 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:**



**COST AND COMPLETION DATA**

Work was done by:    contractor               owner               combination

Date work was completed (or date project was usable): \_\_\_\_\_

If incomplete, estimate percent complete to date: \_\_\_\_\_ %      Estimate completion date: \_\_\_\_\_

**TOTAL COST OF PROJECT:** \$ \_\_\_\_\_, If incomplete amount expended 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 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 No. (8:00 a.m. - 5:00 p.m.)