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 Tenant Improvements Construction/Demolition

> **PLEASE REFER TO THE 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 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. 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 # 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

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: _____

_____

_____

_____

SLO-RP 30 (03/09/12)   **PLEASE COMPLETE REVERSE SIDE**

PART 2. Please complete only the sections applicable to your new construction.

DESCRIPTION OF NEW CONSTRUCTION

☐ Interior finish of existing shell building.

   Type of use: _____

☐ Alteration or remodel of previously finished interior for same tenant.

☐ Replacement or remodel of interior for new tenant.

   Type of use: _____

☐ Alter store front.

☐ Repair or replacement of fixture or building system. *(Complete Systems and Fixtures section below)*

☐ Other: _____

CONSTRUCTION DETAIL

Area of finished interior: _____ sq. ft.

Interior walls
   ☐ Frame interior partitions

      linear ft.: _____ height _____ ft.

   ☐ Interior 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.

Ceiling
   ☐ Exposed/open   ☐ sheetrock/plaster
   ☐ Suspended   ☐ other _____

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	Showers	Tub Sh/Tub
1.					
2.					
3.					
4.					
5.					

Total # of Restrooms: _____

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.)