



# Tom J. Bordonaro, Jr., County Assessor

County Government Center  
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Web site: www.slocounty.ca.gov/assessor

For Assessor's Use Only

## Property Owner's Statement of Manufactured Housing Foundation Construction

**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.***

This office has been notified that a permit for a foundation 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 improve the efficiency, this questionnaire has been designed to provide the Assessor with information needed to assess this construction. A costly on-site inspection by an appraiser may not be necessary if sufficient details are provided. Please complete this form and return it within 15 days. If you have any questions, please call (805) 781-5643.

### **PART 1. Please complete this section.**

#### **DESCRIPTION OF NEW FOUNDATION**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> concrete slab      | <input type="checkbox"/> permanent pier system | <input type="checkbox"/> concrete/c-block perimeter |
| <input type="checkbox"/> pier reinforcement | <input type="checkbox"/> earthquake bracing    | <input type="checkbox"/> other _____                |

Cost of foundation: \_\_\_\_\_ Date completed: \_\_\_\_\_

Are you installing this foundation for loan purposes only?  Yes  No

Have you or your contractor recorded a notice of Manufactured Home Installation on a Foundation System?

(HCD form 433(a))  Yes  No (See enclosed pamphlet for further information.)

#### **DESCRIPTION OF MANUFACTURED HOME**

Manufacturer: \_\_\_\_\_ Model: \_\_\_\_\_

Year Built: \_\_\_\_\_ Size: \_\_\_\_\_ Length: \_\_\_\_\_ Width: \_\_\_\_\_

Is the home licensed?  Yes  No Decal/License number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

If you do not know your decal/license please provide the following:

Serial number: \_\_\_\_\_ HUD number: \_\_\_\_\_

### **PART 2. Please complete this section if the manufactured home has recently been installed on the property.**

#### **EXTERIOR AND INTERIOR DETAILS**

Siding:  wood  masonite  aluminum  other \_\_\_\_\_

Skirting:  wood  masonite  aluminum  other \_\_\_\_\_

Roof type:  gable  shed  flat  other \_\_\_\_\_

Roof cover:  Composition roll  Composition shingle  Metal  Overhang \_\_\_\_\_ inches

No of bedrooms: \_\_\_\_\_ No. of baths: \_\_\_\_\_

Interior wall finish:  sheetrock  panel board

air conditioning  built-in refrigerator  built-in clothes washer/dryer

skylights  fireplace/woodstove  other \_\_\_\_\_

**SITE IMPROVEMENTS** (Please complete this section only if the home is not in a park and/or does not have city services.)

Utilities:  gas  electric  propane  solar  new septic  existing septic  
 well: depth \_\_\_\_\_ ft. casting size \_\_\_\_\_ inches pump \_\_\_\_\_ HP  
 booster HP storage tank \_\_\_\_\_ gallons  
Road or Driveway:  dirt  gravel  asphalt  other length \_\_\_\_\_ ft. width \_\_\_\_\_ ft.  
Other site improvements: \_\_\_\_\_  
Total cost of site improvements: \_\_\_\_\_ Date Completed: \_\_\_\_\_

**ACCESSORIES** (Please describe any accessories to the manufactured home.)

**A. Patio, deck, porch** (circle one)

concrete  wood  pavers  other \_\_\_\_\_

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

Cost: \_\_\_\_\_ Date completed: \_\_\_\_\_

**B. Awning, patio cover** (circle one)

Type:  awning  trellis  roof  other \_\_\_\_\_

**C. Enclosed porch, sunrooms** (circle one)

Walls:  wood  glass  screened  other \_\_\_\_\_

Roof:  composition  metal  hot mop  
 shed  flat  other \_\_\_\_\_

Floor:  concrete  carpet  vinyl  other \_\_\_\_\_

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

Cost: \_\_\_\_\_ Date completed: \_\_\_\_\_

**D. Garage, carport, shed** (circle one)

Exterior:  wood  masonite  metal  
 other \_\_\_\_\_  carport

Floor:  concrete  dirt/grave  other \_\_\_\_\_

Interior walls:  finished  unfinished

Roof type:  gable  shed  flat  other \_\_\_\_\_

Roof cover:  composition  metal  hot mop  
 other \_\_\_\_\_

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

Cost: \_\_\_\_\_ Date completed: \_\_\_\_\_

**E. Addition, expando, tag-a-long** (circle one)

Size: \_\_\_\_\_ x \_\_\_\_\_ or \_\_\_\_\_  
length width

Cost: \_\_\_\_\_ Date completed: \_\_\_\_\_

**COST AND INSTALLATION DATA**

Name and address of seller/dealer: \_\_\_\_\_

Purchase Date: \_\_\_\_\_ Purchase price of home: \_\_\_\_\_

Cost of set-up and delivery: \_\_\_\_\_ Date of installation: \_\_\_\_\_

If the home is owned by a person other than the owner of the land, a Request for Separate Assessment of Manufactured Home can be obtained by contacting the Assessor's office.

**REMARKS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Thank you for your cooperation. The Assessor's office 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.)