



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

Assessor's use only:

Property Owner's Statement of New Residence Construction

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.

FOR ALL ROOMS, PLEASE INDICATE:

<u>ROOM</u>	<u>FLOOR LEVEL</u>				<u>FLOOR COVERING</u>					<u>CEILING FINISH</u>			
	B	1	2	3	Carpet	Vinyl	Tile	Wood	Other (specify)	Vaulted	Wood	Open Beam	Sheet Rock
ENTRY	<input type="checkbox"/> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
LIVING ROOM	<input type="checkbox"/> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
DINING ROOM	<input type="checkbox"/> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
DINING AREA	<input type="checkbox"/> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
FAMILY ROOM	<input type="checkbox"/> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
KITCHEN	<input type="checkbox"/> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
UTILITY ROOM	<input type="checkbox"/> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
BEDROOM #1	<input type="checkbox"/> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
BEDROOM #2	<input type="checkbox"/> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
BEDROOM #3	<input type="checkbox"/> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
BEDROOM #4	<input type="checkbox"/> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
OTHER	<input type="checkbox"/> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
(Specify room)_____													

KITCHEN: (Examples of counter and splash materials: Formica, Corian, tile, fiberglass, etc.)

Counter material: _____ Length: _____ lineal ft. Back splash height: _____ inches

- Built-in oven Built-in microwave Trash compactor
 Counter-top range Garbage disposal Cooking island
 "Jennaire" type range Dishwasher Vegetable sink
 Other built-in appliances (specify) _____

BATHS:

Baths	Floor Level	Floor Covering	Counter Material	Number of Sinks	Bathtub		Shower		Additional Fixtures (specify)
					Fiberglass, Ceramic, or Other	Back splash material	Overtub or Stall	Back splash material	
Bath #1									
Bath #2									
Bath #3									
Bath #4									

ADDITIONAL FEATURES:

- Central heating Walk-in closet(s) # _____ Skylights # _____
 Wall heater Mirror closet door(s) Ceiling fans
 Air conditioning Pantry closet Built-in book shelves
 Laundry sink Jetted bathtub Finished garage
 Wet bar Indoor spa/sauna

FIREPLACE/WOOD STOVE: (Example of finish: Brick hearth with tile facing front)

- Zero-clearance fireplace Masonry fireplace Wood stove
 Free standing Gas log Stove insert
 Raised hearth Finish of hearth: _____ Finish of facing _____

COST AND DATE OF COMPLETION:

When was the construction completed or the date it became usable? _____

What was the total cost of construction? \$ _____
(Include all costs – i.e. permit fees, grading, utilities, etc. Do not include the cost of the land.)Work was done by: Contractor Owner Combination**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.)