



OFFICE OF ASSESSOR COUNTY OF ALAMEDA

ADMINISTRATION BUILDING, ROOM 145, 1221 OAK STREET
OAKLAND, CALIFORNIA 94612-4288
(510) 272-3787 / FAX (510) 272-3803

RON THOMSEN

ASSESSOR

SUBJECT PROPERTY

CONFIDENTIAL

APN:

USE:

LOCATION:

PERMIT NO:

DATE:

TYPE:

AMOUNT:

DEED NO:

DATE:

COST QUESTIONNAIRE FOR ADDITIONS AND ALTERATIONS RESIDENTIAL

Our records indicate a building permit was issued for the above referenced property. The State of California's Revenue and Taxation Code, Section 71 states: "The assessor shall determine the new base year value for the portion of any taxable real property which has been newly constructed. The base year value of the remainder of the property assessed, which did not undergo new construction, shall not be changed. New construction in progress on the lien date shall be appraised at its full value on such date and each lien date thereafter until the date of completion, at which time the entire portion of property which is newly constructed shall be reappraised at its full value."

Please complete and return this form within 15 days of receipt to the Office of the Assessor in the enclosed envelope. For assistance, please call (510) 272-3787 (8:30 - 5:00). It is acceptable to provide this information in another format (cost breakdown, etc., if available).

Completion date _____. If not yet complete, the percentage complete as of January 1 (lien date) after construction began and any succeeding January 1 if applicable. _____% as of January 1, 20 ____, _____% as of January 1, 20 ____.

Please describe any remaining work to be done. _____

PLEASE CHECK THE APPROPRIATE BOXES

1. STRUCTURAL CHANGES							2. PLUMBING, APPLIANCES, CABINETS, ELECTRICAL					
	A D D I T I O N	A L T E R A T I O N	R E M O D E L	R E P A I R	D E M O L I T I O N	S T R U C T U R E N E W	Check if New (N) or Replacement (R)					
ROOMS: No.							N	R	No.	N	R	No.
Living _____							<input type="checkbox"/>	<input type="checkbox"/>	Toilet _____	<input type="checkbox"/>	<input type="checkbox"/>	Sink _____
Dining _____							<input type="checkbox"/>	<input type="checkbox"/>	Bathtub _____	<input type="checkbox"/>	<input type="checkbox"/>	Dishwasher _____
Family _____							<input type="checkbox"/>	<input type="checkbox"/>	Tub and Shower _____	<input type="checkbox"/>	<input type="checkbox"/>	Range _____
Bed _____							<input type="checkbox"/>	<input type="checkbox"/>	Stall Shower _____	<input type="checkbox"/>	<input type="checkbox"/>	Oven _____
Bath _____							<input type="checkbox"/>	<input type="checkbox"/>	Lavatory _____	<input type="checkbox"/>	<input type="checkbox"/>	Cabinets _____
Kitchen _____							<input type="checkbox"/>	<input type="checkbox"/>	Water Heater _____	<input type="checkbox"/>	<input type="checkbox"/>	Trash Compactor _____
OTHER:							<input type="checkbox"/>	<input type="checkbox"/>	Other _____	<input type="checkbox"/>	<input type="checkbox"/>	Other _____
Garage _____												
Foundation _____												
Roof _____												
Electrical _____												
Plumbing _____												
Painting _____												
COST OF WORK \$ _____							COST OF WORK \$ _____					
3. EXTERIOR DETAIL: Any New or Changed Area.							4. INTERIOR DETAIL: Any New or Changed Area.					
Walls:		Roof Covering:		Roof Shape:			Floors:		Walls:		Ceiling:	
<input type="checkbox"/> Stucco	<input type="checkbox"/> Wood Shingle	<input type="checkbox"/> Tar and Gravel	<input type="checkbox"/> Wood Shingle	<input type="checkbox"/> Flat	<input type="checkbox"/> Shed	<input type="checkbox"/> Concrete	<input type="checkbox"/> Sheet Rock	<input type="checkbox"/> Open				
<input type="checkbox"/> Wood Siding	<input type="checkbox"/> Asphalt Shingle	<input type="checkbox"/> Wood Shingle	<input type="checkbox"/> Asphalt Shingle	<input type="checkbox"/> Gable	<input type="checkbox"/> Gable	<input type="checkbox"/> Hardwood	<input type="checkbox"/> Paneling	<input type="checkbox"/> Sheet Rock				
<input type="checkbox"/> Other _____	<input type="checkbox"/> Shakes	<input type="checkbox"/> Shakes	<input type="checkbox"/> Shakes	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Carpet Wall to Wall	<input type="checkbox"/> Unfinished	<input type="checkbox"/> Acoustical				
	<input type="checkbox"/> Other _____		<input type="checkbox"/> Other _____			<input type="checkbox"/> Vinyl	<input type="checkbox"/> Height _____					
						<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Unfinished				

5. HEATING / AIR CONDITIONING

- N R** Check if New (N) or Replacement (R) **Capacity**
- Central Air Conditioning _____ Tons
- Thru Wall Air Conditioning _____ Tons
- Forced Air Furnace _____ BTU Includes A/C _____ Tons
- Floor or Gravity Furnace _____ BTU
- Wall Heater _____ BTU
- Solar: Water Heater Living Space
- Brief Description _____
- Fireplace Freestanding

COST OF WORK \$ _____

6. POOL SPA, HOT TUB

- Type: Gunite Fiberglass Plastic-Lined Redwood
- Size: _____ Depth: _____ Attached Spa: _____
- Heater: Gas Solar Panels _____ Sq. Ft.
- OR Tubing _____ Lineal Feet
- Pool Sweep Chlorinator Pumps Diving Board Slide
- Air Switch Blower Automatic Pool Covering
- Decking: Square Footage _____
- Finish: Concrete Wood Kool Deck Other _____

COST OF WORK \$ _____

7. Give a brief description of work done and remarks:

TOTAL COST OF PROJECT:

(LABOR, MATERIALS, AND ARCHITECTURAL FEES) \$ _____

8. Area Computation of Any New Area

_____ X _____ = _____

_____ X _____ = _____

_____ X _____ = _____

_____ X _____ = _____

_____ X _____ = _____

TOTAL SQ. FT. _____

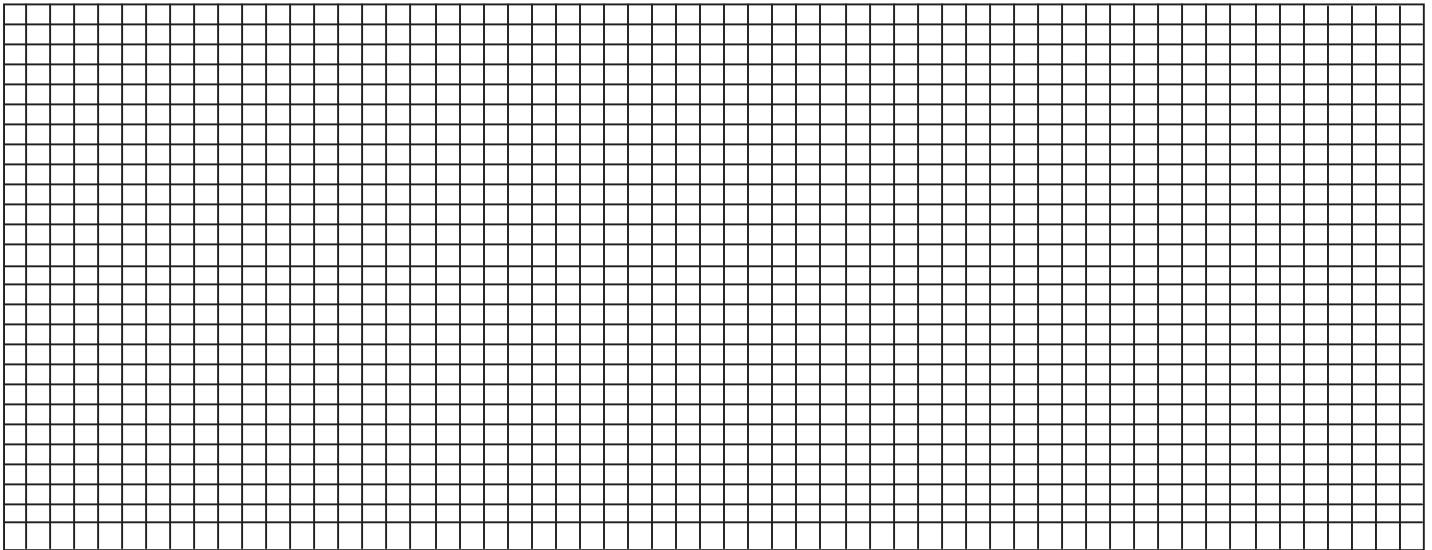
9. CONTRACTOR INFORMATION Did a contractor perform any or all of the work? Yes No

May the Assessor's Office contact your contractor? Yes No

Contractor's name _____ Phone (_____) _____

10. DIAGRAM ANY ADDED AREA

Draw a sketch of the added area showing its exterior dimensions, location on the lot, and position in relation to any existing structure(s).
If the work consisted of demolition please provide the location of the demolished structure(s).



_____ Street

If any or all of the project consisted of making the dwelling more accessible for the disabled or for seismic safety please contact our office prior to or within 30 days of completion regarding any exclusion from assessment you may qualify for.

The Assessor's Office may contact you for further information.

I certify that the foregoing is true, correct and complete to the best of my knowledge.

Signature of Owner or Agent _____ Phone (_____) _____ Date _____