

PLACER COUNTY ASSESSOR'S OFFICE

Kristen Spears, Assessor

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New Construction Cost Statement - Residential Additions - Alterations - Remodels

Fee Parcel (APN):

Property Address:

Permit Number:

Project Description:

IMPORTANT

Our records indicate that a building permit was issued or new construction has occurred on your property. Please complete and return this form **within 15 days of project completion**. Assessed values are based on information you provide, along with comparable cost and market data. Please include any documentation you believe will assist our office in valuing your new construction.

Owner Information

Name _____

Daytime Telephone _____

Email _____

Project

Completion Date _____ Actual Estimated

*Please attach plans or diagram the new construction on reverse side

Construction Costs

Check if Owner-Builder

Cost of Labor \$ _____

Cost of Materials \$ _____

TOTAL CONSTRUCTION COSTS \$ _____

Contractor Name _____

Contractor Telephone _____

Type of Construction

Square Feet

Addition _____ added

Alteration/Remodel _____ remodeled

Garage Conversion _____ converted

Demolition _____ removed

Improvements removed _____

Other _____

Interior Detail

Floors

Tile

Hardwood

Carpet

Vinyl

Other _____

Walls

Drywall

Paneling

Plaster

Other _____

Fixtures

(N= New R= Replacement)

Bathtub _____

Shower Stall _____

Toilet _____

Sink _____

Water Heater _____

Cabinets

Dishwasher

Microwave (built-in)

Range and Oven

Other _____

Exterior Detail

Walls

Stucco

Brick

Siding

Other _____

Roof Material

Composition Shingle

Tile

Metal

Other _____

Heating/Air Conditioning

(N= New R= Replacement)

N R

Central Heat &/or Air Conditioning

Evaporative Cooler

Solar Heat

Radiant Heat

Fireplace

Type: Masonry Metal Wood Stove

Other _____

Site Improvements

Concrete Square Feet _____

Asphalt Square Feet _____

Fencing
Linear ft. _____ Height _____ Material _____

Retaining Wall
Linear ft. _____ Height _____ Material _____

Other _____

