

PLACER COUNTY ASSESSOR'S OFFICE

Matthew R. Maynard, Assessor

2980 Richardson Drive • Auburn, CA 95603-2640
 Telephone: (530) 889-4300 • Fax: (530) 889-4305
 Website: www.placer.ca.gov/assessor • E-mail: assessor@placer.ca.gov



New Construction Cost Statement – Commercial Tenant Improvements

Fee Parcel (APN):
 Property Address:
 Doc Number:
 Situs Address:

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. This information is requested in accordance with California Revenue and Taxation Code Sections 441, 462, and 468, which authorize the Assessor to obtain information required for assessment purposes. All information received will be held confidential by the Assessor and is not a matter of public record.

Owner Information

Name _____
 Daytime Telephone _____
 Email _____
 Project
 Completion Date _____ Date of Occupancy _____

Construction Information

Check if Owner-Builder

Cost of Labor \$ _____
 Cost of Materials \$ _____
TOTAL CONSTRUCTION COSTS \$ _____
 Contractor Name _____
 Contractor Telephone _____
 Was the contract on a competitive basis? Yes No

Type of Construction

- Interior finish of existing shell building
- Alteration or remodel of previously finished interior for the same tenant
- Replacement or remodel of interior for a new tenant
- Alter storefront
- Repair or replacement of fixture or building system
- Other _____

Interior Structure and Finish

Ceiling Finish

- Exposed/Open
- Suspended
- Sheetrock/Plaster
- Other _____

Interior Walls

- Frame Partitions Linear ft. _____ Height _____ ft.
- Glass Walls Linear ft. _____ Height _____ ft.
- Other _____ Linear ft. _____ Height _____ ft.

Systems and Fixtures

(N= New R= Replacement)

- N R
- Heating-type _____
 - Cooling-type _____
 - Lighting-type _____
 - Sprinklers-type _____
 - Elevator Count _____ Passenger Limit _____
 - Escalator Count _____ Passenger Limit _____
 - Freight Elevator/Lift Count _____ Weight Limit _____

Floor Finish

Square Feet

- Carpet _____
- Hardwood _____
- Vinyl _____
- Tile _____
- Concrete-Finished _____
- Concrete-Unfinished _____
- Other _____

APN:

Building and Tenant Information

- 1. Total area of new construction _____ sq. ft. Net rental area _____ sq. ft.
- 2. The property is: Owner-Occupied* Leased/Rented Date of lease _____ Lease Terms _____
*If owner-occupied, skip to Demolition, Repair, Other section
- 3. Use of newly constructed area:

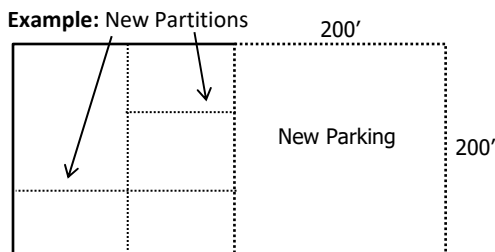
Office _____ sq. ft.	Rental rate \$ _____	<input type="checkbox"/> Actual	<input type="checkbox"/> Anticipated
Retail _____ sq. ft.	Rental rate \$ _____	<input type="checkbox"/> Actual	<input type="checkbox"/> Anticipated
Industrial _____ sq. ft.	Rental rate \$ _____	<input type="checkbox"/> Actual	<input type="checkbox"/> Anticipated
Warehouse _____ sq. ft.	Rental rate \$ _____	<input type="checkbox"/> Actual	<input type="checkbox"/> Anticipated
Other _____ sq. ft.	Rental rate \$ _____	<input type="checkbox"/> Actual	<input type="checkbox"/> Anticipated
- 4. Tenant pays: Utilities Insurance Maintenance Taxes Other _____
- 5. Name of Tenant/Business _____
- 6. Was the new construction paid for by a tenant? Yes No Tenant paid a portion \$ _____
- 7. Is the tenant responsible for the property taxes for the new construction? Yes No A portion is the tenant's responsibility

Demolition, Repair, Other

Describe demolition, repair or other work completed:

Diagram of New Construction

Diagram the new construction showing its exterior dimensions and location in relation to other buildings on the property. In lieu of completing this section, a copy of the plans may be submitted.



Remarks

If you have a new mailing address, please enter below:

The Assessor's Office may contact you for additional information regarding this statement.
I certify that the foregoing and all information hereon, including any accompanying statements or documents, is true and correct to the best of my knowledge and belief.

Signature of Owner _____ Date _____

Thank you for your cooperation.

RETURN COMPLETED STATEMENT TO: Placer County Assessor, 2980 Richardson Drive, Auburn, CA 95603-2640

FOR ADDITIONAL INFORMATION, PLEASE CONTACT OUR OFFICE OR VISIT OUR WEBSITE.

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