

# PLACER COUNTY ASSESSOR'S OFFICE

Kristen Spears, 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:

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. 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.

<p><b>Owner Information</b></p> <p>Name _____</p> <p>Daytime Telephone _____</p> <p>Email _____</p> <p>Project Completion Date _____ Date of Occupancy _____</p>	<p><b>Construction Information</b> <input type="checkbox"/> Check if Owner-Builder</p> <p>Cost of Labor \$ _____</p> <p>Cost of Materials \$ _____</p> <p><b>TOTAL CONSTRUCTION COSTS \$</b> _____</p> <p>Contractor Name _____</p> <p>Contractor Telephone _____</p> <p>Was the contract on a competitive basis? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p><b>Type of Construction</b></p> <p><input type="checkbox"/> Interior finish of existing shell building</p> <p><input type="checkbox"/> Alteration or remodel of previously finished interior for the same tenant</p> <p><input type="checkbox"/> Replacement or remodel of interior for a new tenant</p> <p><input type="checkbox"/> Alter storefront</p> <p><input type="checkbox"/> Repair or replacement of fixture or building system</p> <p><input type="checkbox"/> Other _____</p>	<p><b>Interior Structure and Finish</b></p> <p><u>Ceiling Finish</u></p> <p><input type="checkbox"/> Exposed/Open</p> <p><input type="checkbox"/> Suspended</p> <p><input type="checkbox"/> Sheetrock/Plaster</p> <p><input type="checkbox"/> Other _____</p> <p><u>Interior Walls</u></p> <p><input type="checkbox"/> Frame Partitions      Linear ft. _____ Height _____ ft.</p> <p><input type="checkbox"/> Glass Walls              Linear ft. _____ Height _____ ft.</p> <p><input type="checkbox"/> Other _____      Linear ft. _____ Height _____ ft.</p>
<p><b>Systems and Fixtures</b> <span style="float: right;"><i>(N= New R= Replacement)</i></span></p> <p><i>N R</i></p> <p><input type="checkbox"/> <input type="checkbox"/> Heating-type _____</p> <p><input type="checkbox"/> <input type="checkbox"/> Cooling-type _____</p> <p><input type="checkbox"/> <input type="checkbox"/> Lighting-type _____</p> <p><input type="checkbox"/> <input type="checkbox"/> Sprinklers-type _____</p> <p><input type="checkbox"/> <input type="checkbox"/> Elevator              Count _____ Passenger Limit _____</p> <p><input type="checkbox"/> <input type="checkbox"/> Escalator              Count _____ Passenger Limit _____</p> <p><input type="checkbox"/> <input type="checkbox"/> Freight Elevator/Lift    Count _____ Weight Limit _____</p>	<p><u>Floor Finish</u> <span style="float: right;"><u>Square Feet</u></span></p> <p><input type="checkbox"/> Carpet _____</p> <p><input type="checkbox"/> Hardwood _____</p> <p><input type="checkbox"/> Vinyl _____</p> <p><input type="checkbox"/> Tile _____</p> <p><input type="checkbox"/> Concrete-Finished _____</p> <p><input type="checkbox"/> Concrete-Unfinished _____</p> <p><input type="checkbox"/> Other _____ _____</p>

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

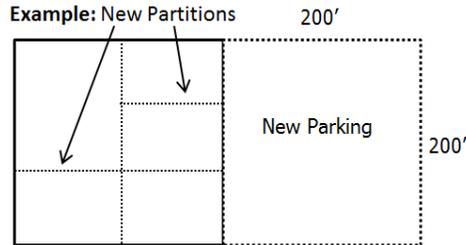
**Demolition, Repair, Other**

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.

Telephone: 530-889-4300 Fax: 530-889-4305

[www.placer.ca.gov/Assessor](http://www.placer.ca.gov/Assessor)