

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 - Residential

Fee Parcel (APN):

Property Address:

Permit Number:

Project Description:

Address Correction Requested (see reverse side)

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	Builder Information
Name _____	<input type="checkbox"/> Contractor
Daytime Telephone _____	Name _____
Email _____	Telephone _____
	Was the contract on a competitive basis? <input type="checkbox"/> Yes <input type="checkbox"/> No
Project Final Date or Date of Occupancy _____	<input type="checkbox"/> Owner-Builder
	What percent of the labor did you perform? _____

Cost Information
Please complete all applicable sections. If the item does not apply, indicate with "N/A". If an item has been included in another section, indicate in which section it is included. **Please attach a copy of the itemized construction contract, if available.**

a. \$ _____ Architectural and Engineering Fees

b. \$ _____ Building Permits and Environmental Studies

c. \$ _____ Site Preparation (site clearing, demolition, excavation, fill, grading, trenching, etc.)

d. \$ _____ Building Cost (foundation, shell, roof, electrical, plumbing, heating and air conditioning, interior and exterior finish, built-in appliances, cabinets, painting, etc.)

e. \$ _____ Exterior Additives (fencing, paving, retaining walls, other buildings, etc.)

f. \$ _____ Landscaping (sprinklers, yard lights, lawns, shrubs, trees, etc.)

g. \$ _____ Well, Pump, and Tank

h. \$ _____ Septic System: Standard Gravity Pressure Distribution Sand Filtered Aerobic Treatment
Tank Size (gallons): _____

i. \$ _____ Carrying Charges during Construction (taxes, interest, insurance, etc.)

j. \$ _____ Fees, Taxes, and Rentals (sewer connection, water meter, supervision, legal, equipment rental, sales tax, etc.)

k. \$ _____ Contractor's Overhead and Profit

l. \$ _____ Additional Labor and Material Costs not included above

\$ _____ **Total Construction Costs**

Continued on reverse side

Building Specifications

New Residence _____ sq. ft. Attached Garage _____ sq. ft. Detached Garage _____ sq. ft.

1. Were changes made to the original plans submitted to the Building Department resulting in a change to the square footage of the improvement? Yes No

If yes, please explain: _____

2. Were any areas left unfinished for future living area? Yes No

If yes, please explain: _____

3. Were any costs for solar construction included in the reported costs? Yes (cost of solar: \$ _____) No

4. For demolitions, please describe the improvements removed, the date removed, and the portion of site preparation costs associated with the demolition:

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