



# OFFICE OF ASSESSOR COUNTY OF ALAMEDA

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

CONFIDENTIAL

**PHONG LA**  
ASSESSOR

SUBJECT PROPERTY

APN:  
LOCATION:  
PERMIT NO:  
TYPE:  
DEED NO:

USE:  
DATE:  
AMOUNT:  
DATE:

## COST QUESTIONNAIRE FOR ADDITIONS AND ALTERATIONS COMMERCIAL - INDUSTRIAL

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 the 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

<p><b>1. NEW STRUCTURE OR ADDITION</b> — Describe the new structure or addition. List any related minor improvements, i.e., fencing, bumpers, etc., in section 5.</p> <p>Description: _____ _____</p> <p>Building materials: <input type="checkbox"/> Brick, block, concrete <input type="checkbox"/> Wood frame <input type="checkbox"/> Metal</p> <p>Area of new structure or addition _____ sq. ft.</p> <p>Systems: Check if new (N) or replacement (R) <b>N R</b></p> <p><input type="checkbox"/> Heating - Type: _____ BTU: _____ <input type="checkbox"/> Cooling - Type: _____ Tons: _____ <input type="checkbox"/> Lighting - Type: _____ No. of fixtures: _____ <input type="checkbox"/> Sprinklers - Type: _____ Sq. ft. covered: _____ <input type="checkbox"/> Other: _____</p> <p style="text-align: right;">COST OF WORK \$ _____</p>	<p><b>2. ALTERATION</b> — <input type="checkbox"/> Interior office <input type="checkbox"/> Store front <input type="checkbox"/> Ceiling/partitions - added, altered, removed <input type="checkbox"/> Other: _____</p> <p><i>In sections 5, 7, 8 and 10 (on reverse) indicate the square footage, location and nature of the alteration.</i></p> <p>Systems: Check if new (N) or replacement (R) <b>N R</b></p> <p><input type="checkbox"/> Heating - Type: _____ BTU: _____ <input type="checkbox"/> Cooling - Type: _____ Tons: _____ <input type="checkbox"/> Lighting - Type: _____ No. of fixtures: _____ <input type="checkbox"/> Sprinklers - Type: _____ Sq. ft. covered: _____ <input type="checkbox"/> Other: _____</p> <p><b>3. EXTERIOR DETAIL: Any New or Changed Area.</b></p> <table style="width: 100%;"> <tr> <td style="width: 33%;">Walls:</td> <td style="width: 33%;">Roof Covering:</td> <td style="width: 33%;">Roof Shape:</td> </tr> <tr> <td><input type="checkbox"/> Stucco</td> <td><input type="checkbox"/> Tar and Gravel</td> <td><input type="checkbox"/> Flat _____</td> </tr> <tr> <td><input type="checkbox"/> Concrete Block</td> <td><input type="checkbox"/> Composition</td> <td><input type="checkbox"/> Shed </td> </tr> <tr> <td><input type="checkbox"/> Tilt-Up</td> <td><input type="checkbox"/> Asphalt Shingle</td> <td><input type="checkbox"/> Gable </td> </tr> <tr> <td><input type="checkbox"/> Metal/Steel</td> <td><input type="checkbox"/> Metal/Steel</td> <td><input type="checkbox"/> Other _____</td> </tr> <tr> <td><input type="checkbox"/> Reinforced Concrete</td> <td><input type="checkbox"/> Other _____</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Other _____</td> <td></td> <td></td> </tr> </table>	Walls:	Roof Covering:	Roof Shape:	<input type="checkbox"/> Stucco	<input type="checkbox"/> Tar and Gravel	<input type="checkbox"/> Flat _____	<input type="checkbox"/> Concrete Block	<input type="checkbox"/> Composition	<input type="checkbox"/> Shed	<input type="checkbox"/> Tilt-Up	<input type="checkbox"/> Asphalt Shingle	<input type="checkbox"/> Gable	<input type="checkbox"/> Metal/Steel	<input type="checkbox"/> Metal/Steel	<input type="checkbox"/> Other _____	<input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Other _____		<input type="checkbox"/> Other _____		
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**6. DEMOLITION OF STRUCTURE** --  Total  Partial

Date of demolition \_\_\_\_\_ Please identify the structure(s) demolished \_\_\_\_\_

Cost of Demolition \_\_\_\_\_

<p><b>7. Give a brief description of work done and remarks:</b></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p><b>TOTAL COST OF PROJECT:</b> (Labor, material and architectural fees) \$ _____</p>	<p><b>8. Area Computation of Any New Area</b></p> <p>_____ X _____ = _____</p> <p>_____ X _____ = _____</p> <p>_____ X _____ = _____</p> <p>_____ X _____ = _____</p> <p>_____ X _____ = _____</p> <p><b>TOTAL SQ. FT.</b> _____</p>
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**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 \_\_\_\_\_

**11. Exclusions, Revenue and Taxation Code Sections 74.5 and 74.6**

If any portion of the project consists of making the dwelling more easily accessible for the disabled (R and T 74.5) or for seismic safety improvements (R and T 74.6) please contact our office prior to, or within 30 days of, completion regarding any exclusion from reassessment you may qualify for. It will be necessary to submit additional forms within a specified period of time from completion.

Are you intending to claim the exclusion pursuant to R and T Section 74.5?  Yes  No or R and T Section 74.6?  Yes  No

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

Signature of Owner or Agent \_\_\_\_\_ Phone ( ) \_\_\_\_\_ Date \_\_\_\_\_