



FINAL NOTICE

RESPOND BY July 16, 2010

June 30, 2010

RE: IN-PROGRESS NEW CONSTRUCTION ASSESSMENT

Dear Taxpayer:

We have not received your written response to date for the 2010 in-progress new construction assessment. Unless we receive your written response, we will immediately reassess your property which may subject you to supplemental taxes.

Our records indicate a building permit was issued for the property referenced in the attached Property Owner's Statement on New Construction. As the Assessor-Recorder for the City and County of San Francisco, I am required to determine the assessability of all new construction and, if assessable, to value all new construction in progress on each January 1st taxable lien date.¹

For the January 1, 2010 taxable lien date:

- If construction for the above referenced permit commenced **on or before January 1, 2010**, then complete the enclosed "2010 Property Owner's Statement of New Construction".
- If construction started **after January 1, 2010** simply indicate on the form by checking the box that work has not started as of January 1, 2010. Please complete Sections 1 & 3 only on the form.
- If you have additional comments to make, please feel free to attach with your form a separate piece of paper with your comments.

Please return the completed and signed statements in the enclosed self-addressed envelope by July 16, 2010. For more information, please visit www.sfgov.org/assessor or call from San Francisco, 311 or from outside San Francisco (415) 701-2311.

Sincerely,

A handwritten signature in black ink that reads "Phil Ting".

Phil Ting -
Assessor-Recorder

¹ California Revenue and Taxation Code, Sections 50 and 401.3

FREQUENTLY ASKED QUESTIONS (FAQ's)
PROPERTY OWNER'S STATEMENT OF NEW CONSTRUCTION

1. WHY AM I RECEIVING THIS FORM?

The Assessor-Recorder is required by law to value any new construction in progress on each January 1st.

2. I RECEIVED MULTIPLE FORMS

If you applied for multiple permit applications, you are receiving a separate form for each permit. You can fill out one form for the entire project, but please attach all forms and return them together.

3. WHAT AUTHORITY DO YOU HAVE TO REQUEST THIS INFORMATION OR REASSESS MY PROPERTY?

The California Revenue and Taxation Code gives the assessor the authority to request this information (Section 441(d)) and to assess any new construction on January 1st (Section 50 and 401.3)

4. BUT, I HAVEN'T EVEN STARTED THE WORK YET

Please check the box at the top of the form and complete Sections 1 and 3 of the form.

5. I HAVEN'T FINISHED THE WORK YET

We are interested in the amount of construction that was completed on January 1, 2010.

6. I HAVE DECIDED NOT TO DO THE WORK

If you will not complete ANY work under this permit number, simply state in Box 7 – “No work will be completed under this permit”. Sign and date the back of the form in section 3. **NOTIFY DBI to cancel this permit(s) as soon as possible to remove your name & permit number(s) from future mailings.**

7. I DON'T HAVE A CONTRACTOR AND I AM DOING THE WORK MYSELF

Indicate in the box for “Contractor” that you are doing the work yourself.

8. HOW DO I ESTIMATE THE PERCENTAGE COMPLETE ON JANUARY 1, 2010?

Take the amount you have spent as of January 1, 2010 and divide that by your total estimated cost for the entire project (upon completion) to get a percentage figure. This is a preliminary estimate and your final assessment may differ.

9. WILL MY TOTAL ESTIMATED COST BE USED AS THE COST FOR THE COMPLETION OF THE PROJECT?

May be. Your percentage costs as of January 1, 2010 and your estimated final cost is ONLY an estimate. Upon completion of construction, the assessor is required to do a more thorough analysis to determine the fair market value added.

10. I'M ONLY REPAIRING MY ROOF, PAINTING MY HOUSE, FIXING DRY ROT, ETC.

State that in Box 1 of Section 2 (repairs or other). The assessor will determine the assessability.

11. WHY DO I HAVE TO DRAW A DIAGRAM, I ALREADY FILED THE PLANS WITH THE BUILDING DEPARTMENT?

The Assessor-Recorder does not receive copies of your building plans. If you have a copy, you can submit them instead of drawing the diagram.

12. DO YOU HAVE TO INSPECT THE PROPERTY?

At a later date we may request to do an inspection. Please be sure to provide your daytime phone number.

13. HOW MUCH MORE PROPERTY TAXES WILL I HAVE TO PAY?

The increase in taxes is based upon the assessment added times the tax rate (for example - \$50,000 x 1.141% tax rate = \$570).

14. WHEN WILL I HAVE TO PAY THE ADDITIONAL TAXES? WILL I GET ANOTHER BILL?

For a January 1st progress assessment the additional taxes will be a supplement to your regular tax bill for the fiscal year 2010-2011. Tax bills have been mailed during the month of October 2010. Only if construction is completed will you receive a supplemental assessment.



FINAL NOTICE

2010 PROPERTY OWNER'S STATEMENT ON NEW CONSTRUCTION

Name
C/O
Mailing Address
City, State Zip

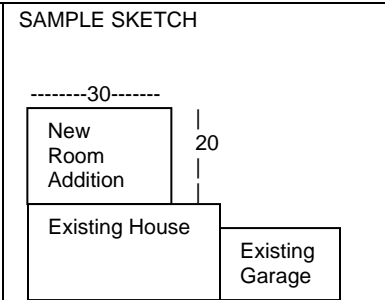
DATE: June 30, 2010

- Check this box if work has not started as of January 1, 2010, in which case you will only need to complete Sections 1 and 3 of this form.

Please complete this form to the best of your knowledge.																																		
SECTION 1. PLEASE COMPLETE THIS ENTIRE SECTION.																																		
ASSESSOR'S PARCEL NUMBER																																		
PROPERTY ADDRESS (if different from mailing address)																																		
JOB DESCRIPTION																																		
OWNER'S NAME (check box if owner-builder) <input type="checkbox"/>	CONTRACTOR	TELEPHONE																																
APPLICATION No.	CONTRACTOR'S ADDRESS																																	
DATE																																		
COMPLETION DATE (estimate if not yet completed)																																		
PERCENT COMPLETED AS OF JANUARY 1, 2010	TOTAL COST OF PROJECT	AMOUNT EXPENDED AS OF JANUARY 1, 2010																																
SECTION 2. PLEASE CHECK APPROPRIATE BOXES.																																		
<p>1. STRUCTURAL CHANGES</p> <p><input type="checkbox"/> NEW STRUCTURE</p> <p><input type="checkbox"/> ADDITION</p> <p><input type="checkbox"/> ALTERATION</p> <p><input type="checkbox"/> REPAIR</p> <p><input type="checkbox"/> OTHER – please explain on reverse side</p> <p>Total SQ. FT. on new structure or addition (See item No. 7 for area computations) _____ sq. ft.</p>	<p>2. HEATING/AIR CONDITIONING (N=New Unit, R=Replacement Unit)</p> <p>N R</p> <p><input type="checkbox"/> <input type="checkbox"/> CENTRAL AIR CONDITIONING</p> <p><input type="checkbox"/> <input type="checkbox"/> THRU-WALL AIR CONDITIONING</p> <p><input type="checkbox"/> <input type="checkbox"/> FORCED AIR FURNACE</p> <p><input type="checkbox"/> <input type="checkbox"/> FLOOR OR GRAVITY FURNACE</p> <p><input type="checkbox"/> <input type="checkbox"/> WALL HEATER</p> <p><input type="checkbox"/> <input type="checkbox"/> OTHER</p>																																	
<p>3. PLUMBING ITEMS (N=New Unit, R=Replacement Unit)</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 10%;">N</th> <th style="text-align: left; width: 10%;">R</th> <th style="text-align: left; width: 80%;"></th> <th style="text-align: left; width: 10%;">Number</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>TOILET</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>BATH TUB</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>STALL SHOWER</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>SINK</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>DISHWASHER</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>WATER HEATER</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>OTHER</td> <td>_____</td> </tr> </tbody> </table>	N	R		Number	<input type="checkbox"/>	<input type="checkbox"/>	TOILET	_____	<input type="checkbox"/>	<input type="checkbox"/>	BATH TUB	_____	<input type="checkbox"/>	<input type="checkbox"/>	STALL SHOWER	_____	<input type="checkbox"/>	<input type="checkbox"/>	SINK	_____	<input type="checkbox"/>	<input type="checkbox"/>	DISHWASHER	_____	<input type="checkbox"/>	<input type="checkbox"/>	WATER HEATER	_____	<input type="checkbox"/>	<input type="checkbox"/>	OTHER	_____	<p>4. CABINETS, APPLIANCES, ELECTRICAL (N=New Unit, R=Replacement Unit)</p> <p>N R</p> <p><input type="checkbox"/> <input type="checkbox"/> RANGE</p> <p><input type="checkbox"/> <input type="checkbox"/> OVEN</p> <p><input type="checkbox"/> <input type="checkbox"/> CABINETS</p> <p><input type="checkbox"/> <input type="checkbox"/> OTHER BUILT-IN</p>	
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<input type="checkbox"/>	<input type="checkbox"/>	WATER HEATER	_____																															
<input type="checkbox"/>	<input type="checkbox"/>	OTHER	_____																															

<p>5. EXTERIOR DETAIL</p> <p>WALLS: <input type="checkbox"/> STUCCO <input type="checkbox"/> CONCRETE BLOCK <input type="checkbox"/> BRICK <input type="checkbox"/> SIDING <input type="checkbox"/> OTHER _____</p> <p>ROOF COVERING: <input type="checkbox"/> TAR & GRAVEL <input type="checkbox"/> COMPOSITION SHINGLE <input type="checkbox"/> ASPHALT SHINGLE <input type="checkbox"/> WOOD SHINGLE <input type="checkbox"/> OTHER _____</p>	<p>6. INTERIOR DETAIL</p> <p>FLOOR: <input type="checkbox"/> CONCRETE <input type="checkbox"/> HARDWOOD <input type="checkbox"/> CARPET WALL TO WALL <input type="checkbox"/> TILE <input type="checkbox"/> OTHER _____</p> <p>WALLS: <input type="checkbox"/> DRYWALL <input type="checkbox"/> PANELING <input type="checkbox"/> PLASTER <input type="checkbox"/> OTHER _____</p>
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7. DIAGRAM OF NEW CONSTRUCTION (see sample sketch)
Diagram the new construction and show its exterior dimensions and location in relation to other buildings on the lot. Please note that copies of your plans are not always provided to this office by other agencies.



AREA COMPUTATION OF NEW CONSTRUCTION
30 x 20 = 600

AREA COMPUTATION OF NEW CONSTRUCTION:

_____ X _____ = _____
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_____ X _____ = _____
_____ X _____ = _____
TOTAL SQ. FT.: = _____

ROOM COUNT:
If addition or remodel, indicate main residence's total number of rooms **after** completion:

	# of rooms
Living Room	_____
Kitchen	_____
Dining Room	_____
Family/Den	_____
Bedrooms	_____
Bathrooms	_____
Other	_____

SECTION 3. PLEASE SIGN AND RETURN THE FORM.

The Assessor's Office may audit this statement for completeness and accuracy and may contact you for additional information as required.

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

Signature of Owner or Agent	Telephone No.	Date
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Please complete this form and return by July 16, 2010 to the Office of the Assessor-Recorder in the enclosed envelope. If you have any questions or need assistance, please visit our website at www.sfgov.org/assessor or call from San Francisco, 311 or outside San Francisco (415) 701-2311.