

Owner's Name and Mailing Address	Property Situs
Date Sent:	

Our records indicate a building permit was issued for the above situs. Please complete this form and return it to the Office of the Assessor within 3 weeks of the date shown above. Also include any additional information you believe important in evaluating the new construction

Owner's Name	Owner-builder <input type="checkbox"/> Yes <input type="checkbox"/> No (Please complete below)			
Permit Date	Permit Number	Contractor		
Permit Information		Contractor Address		
Completion Date	Estimated date if not complete	City	Zip	Telephone

Please Check Where Appropriate

1. STRUCTURAL CHANGES

a).....Addition.....Square feet (complete items 3, 3a & 4)

b).....Alteration.....Added Square feet (complete items 3, 3a & 4)

c).....Patio.....Square feet (complete items 3, 3a & 4)

d).....Pool or Spa.....(complete item 2 or 2a)

e).....OtherSquare feet (complete items 3, 3a & 4) Please explain.....

.....

TOTAL COST OF WORK (Labor and Material) \$.....

<p>2.....POOL/SPA</p> <p>Type) Gunite Fiberglass</p> <p style="padding-left: 20px;">..... Plastic Lined</p> <p>Size)</p> <p>Heater) Gas Solar None</p> <p>Pool Sweep) Yes No</p> <p>Decking)..... Approximate square feet</p> <p>Spa)Attached Detached None</p> <p>TOTAL COST OF WORK FOR ABOVE \$.....</p>	<p>2a.....SELF-CONTAINED SPA ONLY</p> <p>Type) Gunite Fiberglass</p> <p style="padding-left: 20px;">..... In ground Above ground</p> <p>Size)</p> <p>Heater)Gas Electric</p> <p>TOTAL COST OF WORK FOR ABOVE \$.....</p>
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3.....INTERIOR DETAIL

Floors) Tile Carpet Vinyl Concrete Wood Other.....

Walls) Drywall Paneling Plaster Other

Plumbing1/2 Bath 3/4 Bath Full Bath

Remarks:.....

3a....EXTERIOR DETAIL

Walls) Stucco Siding Brick Other

Roof Covering) Clay Tile Concrete Tile Composition Shingle Wood Shingle Gravel or Rock

..... Composition Roll Lattice Other ..

Remarks

Please Complete Reverse Side

4. SKETCH OF NEW CONSTRUCTION

Make a sketch of the "new construction" showing its dimensions and position in relation to any structure.

Area Computation

..... * =

..... * =

..... * =

..... * =

Total Square Feet =

Sketch example



Street

PLEASE COMPLETE BELOW

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

Signature of owner or agent		Date	Title (agent)
Address	City, State & Zip		Telephone Number (8am - 5pm)

RIVERSIDE (Downtown)
 4080 Lemon Street 1st Floor
 P.O. Box 12004
 Riverside, CA 92502-2204
 (951) 955-6200
 Monday through Friday
 8 AM – 4:30 PM

HEMET
 880 North State Street
 Hemet, CA 92543-1496
 (951) 766-2500
 Monday through Friday
 8 AM - 12 PM & 1 PM - 4 PM

TEMECULA
 41002 County Center Drive, #230
 Temecula, CA 92591-6027
 (951) 600-6200
 Monday through Friday
 8 AM - 4 PM

BLYTHE
 270 N. Broadway
 Blythe, CA 92225-1608
 (760) 921-5050
 Monday and Wednesday
 8 AM - 12 PM & 1 PM - 4 PM

RIVERSIDE (Gateway)
 2720 Gateway Drive
 Riverside, CA 92502-0751
 (951) 486-7000
 Monday through Friday
 8 AM – 4:30 PM