

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) \$.....

2.....POOL/SPA Type) Gunite Fiberglass Plastic Lined Size) Heater) Gas Solar None Pool Sweep) Yes No Decking)..... Approximate square feet Spa)Attached Detached None TOTAL COST OF WORK FOR ABOVE \$.....	2a.....SELF-CONTAINED SPA ONLY Type) Gunite Fiberglass In ground Above ground Size) Heater)Gas Electric TOTAL COST OF WORK FOR ABOVE \$.....
---	--

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

..... * =

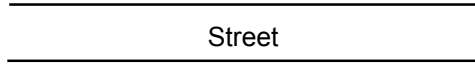
..... * =

..... * =

..... * =

Total Square Feet =

Sketch example



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 751
 Riverside, CA 92502-0751
 (951) 955-6200

HEMET
 880 North State Street
 Hemet, CA 92543-1496
 (951) 766-2500

TEMECULA
 41002 County Center Drive, #230
 Temecula, CA 92591-6027
 (951) 600-6200

Blythe
 270 N. Broadway
 Blythe, CA 92225-1608
 (951) 955-6200

RIVERSIDE (Gateway)
 2724 Gateway Drive
 Riverside, CA 92502-0751
 (951) 486-7000

PALM DESERT
 38-686 El Cerrito Road
 Palm Desert, CA 92211
 (951)-955-6200