

MERCED CO. ASSESSOR'S OFFICE – NEW CONSTRUCTION QUESTIONNAIRE

A.P.N. _____ - _____ - _____

PLEASE RETURN TO: MERCED COUNTY ASSESSOR
 (209) 385-7631 2222 M ST., MERCED CA 95340

TYPE OF NEW CONSTRUCTION

(Please Check Appropriate Boxes)

- | | |
|---|---|
| <input type="checkbox"/> POOL | <input type="checkbox"/> ADDITIONAL LIVING AREA |
| <input type="checkbox"/> HEAT/AIR COND. | <input type="checkbox"/> CONVERTED GARAGE |
| <input type="checkbox"/> FIREPLACE | <input type="checkbox"/> REMODEL |
| <input type="checkbox"/> CABINET/APPL. | <input type="checkbox"/> REPAIR/RENOVATE |
| <input type="checkbox"/> DECK/PATIO | <input type="checkbox"/> SAUNA |
| <input type="checkbox"/> CARPORT/GARAGE | <input type="checkbox"/> OTHER _____ |

If work is complete,

COMPLETION DATE _____

If incomplete, please estimate:

PERCENT COMPLETE NOW _____

ANTICIPATED COMPLETION DATE _____

TOTAL COST OF CONSTRUCTION \$ _____

TOTAL SQUARE FEET _____

Of Addition or New Structure _____

PLEASE COMPLETE CONSTRUCTION DETAIL BELOW

POOL SIZE (SQ. FT.) _____

SHAPE _____

TYPE: GUNITE VINYL LINED FIBERGLASS

ATTACHED SPA SIZE _____

POOL SWEEP DECKING (SQ. FT.) _____

SLIDE CONCRETE

DIVING BOARD AGGREGATE

HEATER GAS COOL DECK

SOLAR WOOD

SELF CONTAINED SPA OR HOT TUB

DIAMETER _____ FT.

TYPE: GUNITE REDWOOD TILE

FIBERGLASS/ACRYLIC

HEATER: GAS ELECTRIC SOLAR

DECK, PATIO, CARPORT, GARAGE

SIZE _____ X _____ ROOF TYPE _____

(length X width) HIP, SHED, ETC.

COVER MATERIAL _____

WALL FRAMING (DESCRIBE) _____

FLOOR MATERIAL _____

PAVING SQ. FT. _____

MATERIAL _____

FENCES LINEAR FT. _____ HEIGHT _____

MATERIAL _____

HEATING/AIR CONDITIONING

A R (A - Addition R - Replacement)

FORCED AIR FURNACE

CENTRAL AIR CONDITIONING

OTHER

AREA COVERED: Entire house (or) _____ sq.ft.

FIREPLACE ZERO CLEARANCE GAS JET

STANDARD MASONRY OTHER

FACING: WIDTH _____ HEIGHT _____

FACING MATERIAL _____ RAISED HEARTH YES NO

CABINETS, APPLIANCES

NEW REPLACEMENTS

CABINETS

RANGE

OVEN

DISHWASHER

OTHER BUILT-INS _____

PLUMBING

FIXTURES	NUMBER	FIXTURE	NUMBER
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TOILET	_____	BIDET	_____
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BATHTUB	_____	WHIRPOOL	_____
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STALL SHOWER	_____	TUB/SHOWER COMB.	_____
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DISHWASHER _____

SINK: KITCHEN BATH BAR LAUNDRY _____

ROOM COUNT

If addition or LIVING RM _____ BEDROOMS _____

remodel of main KITCHEN _____ BATHROOMS _____

residence, please DINING RM _____ OTHER _____

indicate total number of rooms after FAMILY/DEN _____

addition of remodel.

MISCELLANEOUS WORK

PLEASE EXPLAIN IN REMARKS ON REVERSE

PLEASE COMPLETE THE REVERSE SIDE

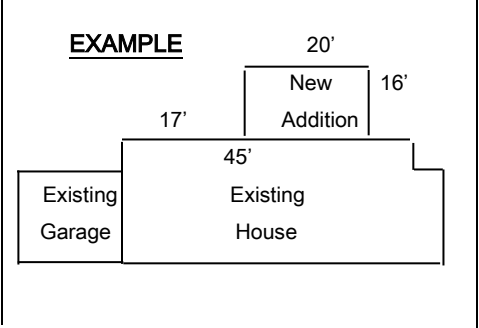
ADDITIONAL INFORMATION

DID YOU DO ANY OF THE WORK YOURSELF? YES NO

PLEASE DESCRIBE IN REMARKS SECTION (BELOW) ANY OTHER NEW CONSTRUCTION OR DEMOLITION WHICH HAS TAKEN PLACE OVER THE LAST 12 MONTHS

SKETCH OF NEW CONSTRUCTION

MAKE A ROUGH DRAWING OF THE EXISTING STRUCTURES ON YOUR PROPERTY THEN SKETCH NEW STRUCTURES OR ADDITIONS WHERE THEY ARE LOCATED. WRITE IN THE EXTERIOR WALL MEASUREMENTS OF NEW CONSTRUCTION AND OTHER APPROPRIATE MEASUREMENTS SHOWING RELATIONSHIP TO EXISTING STRUCTURES.



Large dotted area for sketching new construction and existing structures.

REMARKS _____

THE ASSESSOR'S OFFICE MAY AUDIT THIS STATEMENT FOR COMPLETENESS AND ACCURACY AND MAY CONTACT YOU FOR ADDITIONAL INFORMATION AS REQUIRED.

I declare under penalty of perjury that this statement, including any accompanying documents, is true, correct, and complete to the best of my Knowledge and belief.

Signature of Owner or Agent

Date

Phone (8am – 5pm)