

**PLUMAS COUNTY ASSESSOR  
1 CRESCENT STREET  
QUINCY, CA. 95971**

ASSESSOR'S PARCEL NUMBER

**PROPERTY OWNER'S STATEMENT ON NEW CONSTRUCTION**

PROPERTY ADDRESS IF DIFFERENT FROM MAILING ADDRESS

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CORRECT ABOVE MAILING ADDRESS IF NECESSARY

PLEASE COMPLETE THIS FORM AND RETURN IT TO THE ASSESSOR USING THE ENCLOSED ENVELOPE WITHIN 20 DAYS OF RECEIPT. IF YOU NEED ASSISTANCE, PLEASE CALL (530) 283-6380

Our records indicate a building permit was issued for the above address for new construction. Section 441-D of the Revenue and Taxation Code reads in part:

*"At any time, as required by the assessor for assessment purposes, every person shall make available for examination information or records regarding his property."*

In accordance with the above, complete this form and return it with any additional information you believe important in evaluating the new construction to the Office of Assessor before the date shown above.

OWNER'S NAME (CHECK BOX IF OWNER-BUILDER)	CONTRACTOR
PERMIT DATE	CONTRACTOR'S ADDRESS
PERMIT NO.	
PERMIT INFORMATION	
	CONTRACTOR'S TELEPHONE
	COMPLETION DATE (ESTIMATE IF NOT YET COMPLETED)

**PLEASE CHECK BOXES THAT BEST DESCRIBE CONSTRUCTION WORK.**

<p><b>1. STRUCTURAL CHANGES</b></p> <p>NEW STRUCTURE ADDITION ALTERATION POOL OR SPA OTHER - Please explain on reverse side. STRUCTURE REMOVED Total SQ. FT. of new structure or addition (see item #7 for area computations) _____ SQ. FT.</p> <p>TOTAL COST OF WORK (LABOR AND MATERIALS) \$ _____</p>	<p><b>2. HEATING/AIR CONDITIONING</b></p> <p>N R (N=NEW UNIT R=REPLACEMENT UNIT)</p> <p>CENTRAL AIR CONDITIONING THRU-WALL AIR CONDITIONING FORCED AIR FURNACE FLOOR OR GRAVITY FURNACE WALL HEATER OTHER: _____</p> <p>COST OF WORK \$ _____</p>																		
<p><b>3. PLUMBING ITEMS</b></p> <table style="width: 100%;"> <thead> <tr> <th style="text-align: left;">N R</th> <th style="text-align: left;">Number</th> </tr> </thead> <tbody> <tr><td>TOILET</td><td>_____</td></tr> <tr><td>BATH TUB</td><td>_____</td></tr> <tr><td>STALL SHOWER</td><td>_____</td></tr> <tr><td>SINK</td><td>_____</td></tr> <tr><td>DISHWASHER</td><td>_____</td></tr> <tr><td>WATER HEATER</td><td>_____</td></tr> <tr><td>OTHER:</td><td>_____</td></tr> <tr><td>SEPTIC SYSTEM</td><td>_____</td></tr> </tbody> </table> <p>COST OF WORK \$ _____</p>	N R	Number	TOILET	_____	BATH TUB	_____	STALL SHOWER	_____	SINK	_____	DISHWASHER	_____	WATER HEATER	_____	OTHER:	_____	SEPTIC SYSTEM	_____	<p><b>4. CABINETS, APPLIANCES, ELECTRICAL</b></p> <p>N R</p> <p>RANGE OVEN CABINETS NEW ELECTRICAL SERVICE ADDED OTHER BUILT-INS</p> <p>COST OF WORK \$ _____</p>
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Briefly describe work in the remarks section on reverse side.

