

**REAL ESTATE ASSESSOR'S OFFICE
CITY OF PORTSMOUTH, VA**

The undersigned property owner or representative, feeling aggrieved, requests an opportunity to discuss the assessment of the real property described below:

Owner _____
Property Location _____
Map No. _____ Parcel No. _____

CLASSIFICATION (Check one) One Family Two Family Vacant Land

Request For Review is Based on: (Select one or both)

- The Assessment is in excess of fair market value
- The assessment is Inequitable when Compared to Comparable Properties.

Please indicate if an independent Appraisal is being submitted? Yes No

FACTS RELATIVE TO THE STRUCTURE:

Age _____ Construction Costs \$ _____
Size (in square feet) _____ Story Height _____
Attic: Yes _____ No _____ Finished _____ No. Rooms _____

COMPARE WITH PROPERTIES NOTED BELOW:

Address _____ Map and Parcel No. _____
Address _____ Map and Parcel No. _____
Address _____ Map and Parcel No. _____

FACTS RELATIVE TO THE LAND:

Lot Size _____ Acreage: _____
Topography: High _____ Low _____ Ditch _____

LAST PURCHASE PRICE AND DATE: Date _____ Consideration \$ _____

Has a Building Permit(s) Been Issued Regarding Structure? _____
Nature of Work _____

Date Work Completed _____ Costs \$ _____ Permit No. _____

NON-RESIDENTIAL PROPERTIES:

Check one : Commercial Industrial Multiple Dwelling Apartment

List the Location of Two Properties Comparable to Subject:

1. _____
2. _____

Total Gross Income Generated by the Property Last Year \$ _____
Total Expenses (Excluding Real Estate Taxes & Depreciation) \$ _____
Amount Allocated for Reserves and Replacement \$ _____
Value of Total Improvements or Repairs Last Year \$ _____
Is An Income And Expense Statement Attached? Yes No

Additional Information Submitted As Follows: _____

A review of the assessed value will be conducted as well as a review of recorded legal documents, building permit history and a possible site inspection. Site inspections will be conducted with the owner's approval and coordination. Once the review is finalized, you will be notified by letter of any change in assessed value.

Owner's Contact Information:

Signature of Applicant _____

Date _____

Applicant Name (Please Print) _____

Mailing Address _____

Telephone _____

For Use By Assessors Office Only

APPRAISER'S FIELD NOTES

An inspection of the property described on the reverse side of this form has been completed and after careful consideration the following is recommended:

Appraiser: _____

Date: _____

Appraiser for the City of Portsmouth

Remarks

SPACE FOR ASSESSOR'S USE – CHANGE OF ASSESSMENT TOTALS

	Land Value	Improvement Value	Total Value
Original Assessment:	\$ _____	\$ _____	
Adjusted Assessment:	\$ _____	\$ _____	
Value Difference			\$ _____