

SAN JOAQUIN COUNTY ASSESSOR

24 S. Hunter Street, Stockton, California 95202 Phone: (209) 468-2658 Fax: (209) 468-8383

CLAIM FOR NEW CONSTRUCTION EXCLUSION FROM SUPPLEMENTAL ASSESSMENT

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This form must be filed with the Assessor prior to, or within thirty (30) days of, the date of commencement of construction.

STATEMENT

I am the owner of the property described herein. The date of commencement of construction will be/was _____ and therefore I claim the construction exclusion from Supplemental Assessment provided by Section 75.12 of the California Revenue and Taxation Code.

I do not intend to rent, lease, or otherwise use that property except as incidental to an offer for a change in ownership.

I request exclusion from supplemental assessment of the new construction that is to be erected on the real property described below, in accordance with the provisions of Section 75.12 of the Revenue and Taxation Code. I understand that nothing in that section precludes the reassessment of the property on the next succeeding lien date.

I understand that should the real property on which the exclusion is allowed undergo a complete or partial change in ownership during the course of the new construction, the value of the transferred newly constructed real property would be subject to a supplemental assessment. If the transferee of that real property desires and qualifies for an exclusion from Supplemental Assessment for new construction subsequent to the transfer, separate application must be made prior to the commencement of the additional new construction. I understand that I must notify the Assessor within 45 days of the date the property is leased or rented.

1. Description of new construction for which exclusion from supplemental assessment is requested:

2. Description of any portion of the new construction which is intended to be rented, leased, occupied or otherwise used by owner of the real property:

3. List the legal description and/or Assessor's Parcel Number for each property you are claiming an exclusion on the back of this form.

OWNERSHIP INFORMATION

Real Property Owner: _____

Mailing Address: _____

Telephone Number (8:00 a.m. - 5:00 p.m.): _____

Assessor 332 (12/2003)

LOT BLOCK TRACT ASSESSOR'S PARCEL NO. LOT BLOCK TRACT ASSESSOR'S PARCEL NO.

