

ORLEANS PARISH BOARD OF REVIEW
ASSESSMENT APPEAL FORM BOR 3
APARTMENTS, COMMERCIAL AND INDUSTRIAL PROPERTY
INCLUDING VACANT LAND ZONED FOR THESE PURPOSES

APPEAL NUMBER _____

TO BE COMPLETED BY THE ASSESSOR'S OFFICE APPELLANT INFORMATION AFFIX LABEL
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TO BE COMPLETED BY ASSESSOR'S OFFICE: ASSESSMENT DATA/LEGAL DESCRIPTION AFFIX LABEL

APPELLANT INFORMATION (PLEASE PRINT)

Name: _____

Phone: _____

Complete mailing address; {for receipt of notices}

(No.) (Street Address)

City: _____ State _____ Zip Code: _____

Tax payer of Record If Different from Appellant*:

*Note; If the appellant is someone other than the taxpayer of record, authorization Form BOR 1 must be filed with the appeal.

PROPERTY BEING APPEALED: _____ (No) (Street) Assessment requested (APPRAISED OR FAIR MARKET VALUE): Land _____ Improvements _____ Total _____

LOUISIANA TAX COMMISSION

An appeal of the decision of the Board of Review may be filed with the Louisiana Tax Commission within 10 days of the date the Board mails its decision.

INSTRUCTIONS:

All information requested on this form **must** be provided when the form is filed with the Assessor. An incomplete appeal form **will be denied**.

If appellant wishes to file additional information concerning the condition or value of the property (i.e. photos, appraisals, letters, etc.) **4 copies** of this form must be filed when this appeal form is filed with the Assessor. The Board of Review **cannot accept late information**. If additional information is being submitted with this appeal, please indicate below:

_____ Appraisal _____ Photos _____ Letter _____ Estimate of Cost of Necessary Repairs

_____ Other (please describe)

4 Copies of this form must be received by the Assessor on or before the third business day after August 15.

I. Property Data:

Date of Acquisition: _____ Zoning: _____

Cost of: Land _____ Building _____ Total _____

Lot Dimensions: _____ x _____ x _____ x _____

Type: _____ Apartment _____ Commercial _____ Industrial _____ Vacant Site

II. Building Data:

1. Age of Building: _____ Effective Age _____ Years

2. Class: _____ Apartment (No. of Units _____)
 _____ Bank _____ Medical _____ Store _____ Business _____ Motel _____ Hotel _____ Office
 _____ Warehouse _____ Office _____ Industry _____ Parking _____ Lounge
 _____ Service Station _____ Other

3. Style: No. of Stories _____ Story Height _____

4. Foundation: _____ Piece _____ Slab _____ Running Piers _____ Other

5. Condition: _____ Excellent _____ Good _____ Average _____ Below Average _____ Poor

6. Quality of Construction: _____ High _____ Above Average _____ Average _____ Low

7. Estimated replacement cost of building: \$ _____

8. Basic structure: _____ Fireproof or Steel Frame Walls _____ Steel Frame _____ Metal Frame & Walls
 _____ Reinforced Concrete _____ Concrete Bearing Walls

9. Basement: Finished _____ Sq. Ft. Unfinished _____ Sq. Ft. _____ Total _____ Sq. Ft.
 None _____

10. Extra Features _____ Elevators _____ Escalators _____ Sprinkler Systems _____ Other

11. Floor Covering: _____ % of Carpet _____ % Fancy Stone _____ % Concrete _____ % Hardwood
 _____ % Vinyl Asbestos _____ % Other _____

12. Heating &A/C: Central Hot Air _____ Hot & Chilled Water _____ Packaged Heat / A/C
 _____ Steam _____ Window Units _____ None

13. Total Floor Area: _____ Net Rentable: _____
 _____ % Office _____ % Parking _____ % Warehouse
 _____ % Other {Please Describe} _____

14. Parking: _____ Asphalt Paving _____ Sq. Ft.
 _____ Concrete: _____ Sq. Ft.
 _____ Lighting: _____ Sq. Ft.
 _____ # Parking Spaces _____ None

15. Docks: _____ Dock Height Floors: _____ Sq. Ft.
 _____ Loading With Roof: _____ Sq. Ft.
 _____ Loading Without Roof _____ Sq. Ft.
 _____ Shipping: _____ Sq. Ft.

III. Deficiencies:

Describe in detail property deficiencies and major repairs needed (include repair cost estimate). Describe non-functional items. Include average annual vacancy. {Use Attachments if necessary}

IV. Annual income and operating expense statement {prior year} (use attachments as needed)

1. Gross Rental income: _____
Other Income: _____
Less: Vacancy & Collection Loss _____

2. Expenses:
Real Estate Taxes; _____
Insurance: (Cost) \$ _____ Coverage _____
Operating Expenses:
Administrative Expenses or Management Fee _____
Janitorial _____
Landscaping _____
Maintenance Agreements _____
Miscellaneous _____
Repairs & Maintenance _____
Security _____
Trash Removal _____
Utilities _____
Total Annual Expenses _____
Net Annual income: _____

I understand that failure to provide the above information accurately and correctly invalidates this appeal.

Signature: _____ **Date:** _____

Signature of Assessor or Representative _____ **Date:** _____