

PERKINS COUNTY DIRECTOR OF EQUALIZATION

REPORTING FORM FOR NEW CONSTRUCTION AND IMPROVEMENTS

PROPERTY OWNER'S NAME: _____
 CONSTRUCTION ADDRESS OR
 LEGAL DESCRIPTION: _____

Please answer each question:

Have you changed the use of the property? <i>YES or NO</i>	TYPE OF WORK BEING PERFORMED?	ESTIMATED COST OF JOB?
CURRENT USE OF PROPERTY?	NEW CONSTRUCTION _____	BUILDING _____
RESIDENTIAL _____	BASEMENT FINISH _____	ELECTRICAL _____
COMMERCIAL _____	ADDITION _____	PLUMBING _____
STORAGE _____	REMODEL _____	SEPTIC _____
AGRICULTURAL _____	DEMOLISH _____	MECHANICAL _____
OTHER _____	OTHER _____	OTHER _____
		TOTAL COST _____

GENERAL DESCRIPTION OF BUILDING:

Width	Depth	Height	Stories	Building Material	Used as	Estimated Completion Date:

Detailed description of the building: _____

SELF-BUILT? *YES or NO*

(If not self-built please provide Contractor information)

Name of Builder _____ Phone #: _____

Name of Electrician _____ Phone #: _____

Name of Plumber _____ Phone #: _____

Plot Map for Visual Reference:

SDCL 10-6-108: Statement of real property required of taxpayers. The director may require each person subject to this chapter to furnish to the director a statement under oath setting forth specifically all real property that is either owned by or under the control of the person on the statutory assessment day. (November 1st)

PROPERTY OWNER SIGNATURE: _____ **DATE:** _____

MAILING ADDRESS: _____

PHONE #: _____ MOBILE #: _____

EMAIL: _____

CID#
