



APPLICATION FOR APPEAL

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TO: Board of Equalization

**306 Cedar Road, 4th Floor
Chesapeake, VA 23322**

The undersigned taxpayer respectfully makes application for the equalization of the assessment on the following described property:

APPLICATIONS MUST BE FILED BY MARCH 31

TAX MAP & PARCEL NUMBER _____

COMMERCIAL
 RESIDENTIAL

All supporting documentation must be submitted with this application. The Real Estate Assessor reserves the right to refuse review of new or supplemental supporting documentation submitted **after** the application has been filed but before the Board of Equalization hearing.

Answer all questions on both pages.

Acceptance of new or supplemental supporting documentation offered at the time of the hearing shall be discretionary with the Board of Equalization.

The City of Chesapeake and the Board of Equalization hereby reserve the statutory right to object to the introduction of delinquent income and expense information in any judicial proceeding.

Has there been an appraisal of the property within the last twelve months? **YES** **NO**

Is an appraisal being submitted? **YES** **NO**

If property is income producing, please attach income and expense statements.

I certify that the information which I have entered in this application and all submitted attachments are true to the best of my knowledge and belief.

OWNER/AGENT _____ **DATE** _____ **PHONE #** _____

OWNER/AGENT _____ **DATE** _____ **PHONE #** _____

FOR BOARD OF EQUALIZATION USE ONLY

TO THE CITY REAL ESTATE ASSESSOR OF THE CITY OF CHESAPEAKE, VIRGINIA:

At a meeting of the Board of Equalization of the City of Chesapeake held on the _____ day of _____, 20____, it was ordered that the assessment on the above property be **(affirmed)** _____ **(decreased)** _____ **(increased)** _____ to read as follows:

LAND _____ **BUILDINGS** _____ **TOTAL** _____

Given under my hand this _____ day of _____, 20_____.

BOARD OF EQUALIZATION OF THE CITY OF CHESAPEAKE

By _____

CHAIRMAN



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TO: Board of Equalization

**306 Cedar Road, 4th Floor
Chesapeake, VA 23322**

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COMMERCIAL
 RESIDENTIAL

TAX MAP & PARCEL NUMBER _____

NAME OF OWNER: _____

NAME OF PERSON/FIRM REPRESENTING OWNER: _____

MAILING ADDRESS WHERE RESPONSE IS TO BE MAILED: _____

Number & Street

City & State

Zip

E-MAIL ADDRESS: _____ **PHONE #:** _____

ADDRESS OF PROPERTY: _____

LEGAL DESCRIPTION: _____

PRESENT ASSESSMENT: LAND _____ **BUILDINGS** _____ **TOTAL** _____

FORMER ASSESSMENT: LAND _____ **BUILDINGS** _____ **TOTAL** _____

PURCHASE PRICE: \$ _____ **DATE** _____

AMOUNT OF FIRST MORTGAGE: \$ _____ **DATE** _____

OTHER FINANCING: \$ _____ **DATE** _____

What improvements have been made to this property since purchased? _____

Date or dates such improvements were made: _____

Actual cost of these improvements: _____

What is the applicant's opinion of the current market value of the herein property?

LAND _____ **BUILDINGS** _____ **TOTAL** _____

Enter facts pertinent to support that there is an inequity due to a lack of uniformity. (If more space is needed, please make an attachment):

Enter below the names and addresses of at least three (3) properties which you believe to be of equal value to yours:

(1) _____

(2) _____

(3) _____