

APPLICATION FOR APPEAL

Page 1

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 APRIL 1

TAX MAP & PARCEL NUMBER GPIN/CONTROL NUMBER (SELECT PARCEL TYPE) 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.

The Board of Equalization has the discretion to accept or refuse new and/or supplemental supporting documentation offered at the time of the appeal hearing.

If the application for appeal is not timely and completely filed, the application will be deemed incomplete and no hearing will be set.

If you intend to have an agent or representative present your appeal on your behalf, the City must receive an original copy of a power of attorney designating that individual.

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 (SELECT ONE)

Is an appraisal being submitted? YES NO (SELECT ONE)

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 EXAMPLE ONLY DATE APPLICATION 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

APPLICATION FOR APPEAL

TO: Board of Equalization

306 Cedar Road, 4th Floor
Chesapeake, VA 23322

APPLICATIONS MUST BE FILED BY APRIL 1

TAX MAP & PARCEL NUMBER GPIN/CONTROL NUMBER

(SELECT ONE) [] COMMERCIAL [] RESIDENTIAL

NAME OF OWNER: OWNER OF RECORD

NAME OF PERSON/FIRM REPRESENTING OWNER: OWNER NAME/ TAX COMPANY/ REPRESENTATIVE NAME

MAILING ADDRESS WHERE RESPONSE IS TO BE MAILED: ADDRESS FOR BOARD OF EQUALIZATION CORRESPONDENCE

Number & Street

City & State

Zip

E-MAIL ADDRESS: EMAIL OF PERSON PRESENTING APPEAL PHONE #:

ADDRESS OF PROPERTY: PARCEL BEING APPEALED PHYSICAL ADDRESS

LEGAL DESCRIPTION: LEGAL DESCRIPTION OF PARCEL BEING APPEALED

PRESENT ASSESSMENT: LAND BUILDINGS TOTAL

FORMER ASSESSMENT: LAND CURRENT VALUE BUILDINGS CURRENT VALUE TOTAL CURRENT VALUE

PURCHASE PRICE: \$ PRICE PAID TO BUY PARCEL DATE DATE OF PURCHASE

AMOUNT OF FIRST MORTGAGE: \$ AMOUNT BORROWED TO PURCHASE DATE DATE OF LOAN

OTHER FINANCING: \$ CREDIT LINE, ETC. DATE DATE OF LOAN

What improvements have been made to this property since purchased?

DAMAGES OR IMPROVEMENTS TO PARCEL BEING APPEALED

Date or dates such improvements were made: DATES OF DAMAGES/ IMPROVEMENTS

Actual cost of these improvements: COST OF IMPROVEMENTS/ DAMAGES

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

LAND **NO HEARING IF BLANK** BUILDINGS **NO HEARING IF BLANK** TOTAL **NO HEARING IF BLANK**

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):

FACTS SUPPORTING APPEAL

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

(1) COMPARABLE PROPERTY

(2) COMPARABLE PROPERTY

(3) COMPARABLE PROPERTY

*** MUST BE ORIGINAL DOCUMENT**

POWER OF ATTORNEY

EXAMPLE ONLY

Date: DATE OF FORM

KNOW ALL MEN BY THESE PRESENTS, that (I/We) OWNER'S NAME,
(Owner)
of BUSINESS NAME has/have made, constituted and appointed
(Company)
REPRESENTATIVE NAME of TAX COMPANY NAME
(Agent's Name) (Name of Company if applicable)
of the City/County of REP/COMPANY CITY, State of REP/COMPANY STATE,
(Agent's City/County)
my true and lawful attorney-in-fact for the limited purpose of examining real estate tax records relating to
certain real property identified as Map & Parcel Number GPIN/CONTROL/PARCEL NUMBER ("the
Property"); discussing the assessed value for the Property with City employees and officials; and filing
and pursuing administrative appeals to the Chesapeake Real Estate Assessor and/or appeals to the
Chesapeake Board of Equalization to challenge the real estate assessment of the Property.

This power of attorney shall expire at the end of the calendar year of the date issued.
Given under my hand this _____ day of _____, 20_____.

OWNER/EMPLOYEE OF PARCEL SIGNATURE
Authorized Signature (Ownership)
TITLE OF OWNER/EMPLOYEE
Title

STATE OF NOTARY
CITY/COUNTY OF NOTARY, to-wit:

The foregoing instrument bearing date of DATE OF FORM, 20_____, was
acknowledged before me this _____ day of _____, 20_____, by
OWNER/EMPLOYEE NAME of EMPLOYEE TITLE/OWNER
(Owner of Record) (Title)
BUSINESS NAME
(Name of Company)

NOTARY
Notary Public

My commission expires: NOTARY
Notary ID # NOTARY

THIS PORTION SHOULD INCLUDE ANY OF THE FOLLOWING YOU INTEND TO USE FOR YOUR APPEAL. PLEASE INCLUDE ALL PAGES.

EXAMPLES:

- **APPRAISALS**
- **RENT ROLLS**
- **COMPARABLE PROPERTIES**
- **ANY DOCUMENTS TO SUPPORT YOUR OPINION OF VALUE**

- **TO BE CONSIDERED COMPLETE, EIGHT (8) COPIES OF YOUR PACKET MUST BE SUBMITTED AT THE TIME OF APPLICATION.**
 - ***APPEAL PACKETS WILL NOT BE ACCEPTED IN PIECES. ALL DOCUMENTS MUST ARRIVE TOGETHER.***
 - ***APPEAL PACKET DOCUMENTS MUST BE BOUND TOGETHER; BOARD OF EQUALIZATION ADMINISTRATIVE STAFF CANNOT COMPILE YOUR PACKETS, OR ATTEMPT TO REPLACE LOOSE DOCUMENTS IN THE PACKET.***