

NORTHAMPTON COUNTY COMMERCIAL ASSESSMENT APPEAL

Under the provisions of law any person aggrieved by any assessment desiring to appeal shall file a statement, in writing, with the Board of Assessment Appeals **ON OR BEFORE SEPTEMBER 1**. Such statement shall designate the assessment appealed from and the address to which the Board shall mail notice of when and where to appear for a hearing. **THE BOARD SHALL HEAR NO APPEAL UNLESS APPELLANT SHALL FIRST HAVE FILED THE APPEAL AND REQUIRED DOCUMENTS ON OR BEFORE SEPTEMBER 1, SET FORTH BY LAW. Please return form to Northampton County Courthouse, Revenue Appeals Board, 669 Washington St, Easton PA 18042-7475**

RECORD OWNER(S) NAME: _____

MAILING ADDRESS: _____

PROPERTY SUBJECT OF APPEAL: _____
Number Street

TAX MAP IDENTIFICATION #: _____
District Tax Map Block Lot

COUNTY'S APPRAISED VALUE: _____

COUNTY'S ASSESSED VALUE: _____

DATE PURCHASED: _____ PURCHASE PRICE: _____ AMOUNT OF FIRE INSURANCE: _____

OPINION OF VALUE OF THIS PROPERTY: _____

STATE REASONS FOR FILING THIS APPEAL: _____

PROPERTY TYPE: COMPLETE PROPER CLASSIFICATION:

COMMERCIAL: USE _____
GROSS SQ FT. _____ SQ FT. RENTABLE AREA _____
OWNER OCCUPIED _____ TENANT OCCUPIED _____
IF LEASED: ANNUAL RENT _____ DATE CONSTRUCTED _____

OFFICE: GROSS SQ FT _____ SQ FT. RENTABLE AREA _____
OWNER OCCUPIED _____ TENANT OCCUPIED _____
IF LEASED: ANNUAL RENT _____ DATE CONSTRUCTED _____

INDUSTRIAL: TOTAL SQ FT. _____ SQ FT. RENTABLE AREA _____
SQ FT. PLANT AREA _____ OWNER OCCUPIED _____
TENANT OCCUPIED _____ IF LEASED: ANNUAL RENT _____
LEASE TYPE: NET _____ GROSS _____ COMBINATION _____
DATE CONSTRUCTED _____

OTHER: USE _____
GROSS SQ FT. _____ OWNER OCCUPIED _____
TENANT OCCUPIED _____
IF LEASED: ANNUAL RENT _____ DATE CONSTRUCTED _____

ATTACH LAST 3 YEARS INCOME & EXPENSE STATEMENTS OR COMPLETE THE ATTACHED INCOME AND EXPENSE FORM

CERTIFICATE OF APPEAL

I/We hereby declare my/our intention to appeal from the assessed valuation of the property described above and do hereby verify that the statement made in this appeal are true and correct. I understand that false statements herein are made subject to penalties of 18 Pa. CS Section 4904, relating to unsworn falsification to authorities.

SIGNED: _____

DATE: _____

OWNER(S) OF RECORD

PHONE #: _____

ALL NOTICE OF PROCEEDINGS WILL BE MAILED TO THE OWNER(S) AND SUCH PERSON(S) IDENTIFIED BELOW:

NAME: _____

ADDRESS: _____

TELEPHONE: _____

***GROSS ANNUAL INCOME FOR PRIOR (3) YEARS**

	20__	20__	20__
PROJECTED INCOME @ 100%			
ACTUAL INCOME RECEIVED			
TOTAL OTHER INCOME RECEIVED			
GROSS INCOME RECEIVED			

GROSS ANNUAL EXPENSES FOR PRIOR (3) YEARS

FIXED EXPENSES:

REAL EST TAXES			
INSURANCE			
LAND RENT			
OTHER (EXPLAIN)			

OPERATIONAL EXPENSES:

ELECTRICITY			
GAS			
TELEPHONE			
WATER/SEWER			
TRASH REMOVAL			
HEATING			
MANAGER(S) SALARY			
FEEES			
LEGAL/ACCOUNTING			
PAYROLL TAXES			
GROUP INSURANCE			
ADVERTISING			
SALARIES			
MAINTENANCE/REPAIRS			
(ANNUAL ONLY) *REPLACEMENT FOR RESERVES			
OTHER (EXPLAIN)			
TOTAL EXPENSES			

PLEASE USE ADDITIONAL PAGES FOR ANY OTHER REMARKS RELATIVE TO THE PROPERTY. "EXPLAIN ANY ITEMS INCLUDED IN RENT".

