

REAL PROPERTY FIELD APPRAISAL & ASSESSMENT SHEET- BUILDING & OTHER IMPROVEMENTS

TRANSACTION CODE: _____

ARP No.	PIN:
Owner:	TIN:
Address:	
Tel No.:	
Administrator/Beneficial User:	TIN:
Address:	
Tel No.:	

BUILDING LOCATION	LAND REFERENCE
No./Street:	Owner:
Brgy/District:	OCT/TCT/CLOA No. Survey No. Lot No. Blk. No.:
Municipality:	TD/ARP No.
Province/City:	Area:

GENERAL DESCRIPTION	
Kind of Bldg.:	Bldg. Age:
Structural Type:	No. of Storeys:
Bldg. Permit No.	Date Issued:
Condominium Certificate of Title (CCT)	Area of 1 st flr.:
Certificate of Completion Issued On:	Area of 2 nd flr.:
Certificate of Occupancy Issued On:	Area of 3 rd flr.:
Date Constructed/Completed:	Area of 4 th flr.:
Date Occupied:	Total Floor Area:

FLOOR PLAN

Attach the building plan or sketch of floor plan. A photograph may also be attached if necessary

STRUCTURAL MATERIALS

ROOF		FLOORING	1 st Flr.	2 nd Flr.	3 rd Flr.	4 th Flr.	Walls & Partitions	1 st Flr.	2 nd Flr.	3 rd Flr.	4 th Flr.
Reinforced Concrete		Reinforced Concrete (for upper floors)					Reinforced Concrete				
Tiles		Plain Cement					Plain Cement				
G.I. Sheet		Marble					Wood				
Aluminum		Wood					CHB				
Asbestos		Tiles					G.I. Sheet				
Long Span		Others (Specify)					Build-a-wall				
Concrete Desk							Sawali				
Nipa/Anahaw/Cogon							Bamboo				
Other (Specify)							Other (Specify)				

ADDITIONAL ITEMS: (Use additional sheet if necessary)

PROPERTY APPRAISAL

Unit Construction Cost: Building Core: (Use additional sheets if necessary)	Cost of Additional Items:
Sub-Total: P	Sub-Total Total Construction Cost: P
Depreciation Rate:	Total % Depreciation:
Depreciation Cost:	Market Value: P

PROPERTY ASSESSMENT

Actual Use	Market Value	Assessment Level	Assessed Value
Total	P	Total	
Taxable <input type="checkbox"/> Exempt <input type="checkbox"/> Effectivity of Assessment/Reassessment:			

APPRAISED/ASSESSED BY:
APPROVAL:

RECOMMENDING

Name

Date

Name

Date

APPROVED BY:

Provincial/City/Municipal Assessor

Date

MEMORANDA: _____

Date of Entry in the Record of Assessment: _____

By: _____
Name

RECORD OF SUPERSEDED ASSESSMENT

PIN:	
ARP No.	TD No.
Total Assessed Value:	
Previous Owner:	
Effectivity of Assessment:	
Recording Person:	Date: