



LESLIE MORGAN, SHASTA COUNTY ASSESSOR-RECORDER

1450 Court Street, Suite 208-A, Redding, CA 96001-1667
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California Relay Service at 711; County website: www.shastacounty.gov

PROPERTY OWNER'S STATEMENT OF NEW CONSTRUCTION

Please correct mailing address if needed.

Please complete this form as accurately as possible to help us arrive at a fair assessment of the new construction.

PLEASE RETURN WHEN PROJECT IS COMPLETE.

I received a base year value transfer in the last two years
 Yes No

Well:

Depth in feet: _____

Casing diameter: _____

Casing material: Steel Plastic

Type of pump: Submersible Jet Pump

Other _____

Pump horsepower: _____

Gallons Per Minute: _____

Type of tank: Pressure On demand

Tank size and qty.: _____

Is there a storage tank? Yes No

If yes, tank size and qty.? _____

Comments: _____

Septic:

Size of tank in gallons: _____

Leach field type: Standard Infiltrator

Length of leach lines: _____

Type of septic system: Conventional

Other _____

Comments: _____

Generator:

Manufacturer: _____

KW Output: _____

Costs: Generator _____ Installation _____

Switch gear _____

Comments: _____

Cost And Completion Data:

Were all materials and labor furnished by a licensed contractor? Yes No

If no, please explain _____

Name of contractor/builder _____

What was the total cost of this project? \$ _____

Date project completed: _____

Is the well, septic, and or generator being added in conjunction with a new residence? Yes No

If so, when is construction planned to commence?

Is this a replacement well, septic system, and/or generator? Yes No

Circumstances that caused construction costs to increase above expected (i.e. hard soil, difficult access):

Please enclose copies of any construction contracts and photographs, if available.

You may submit this form and photographs via email to: RealProperty@co.shasta.ca.us – to ensure proper email delivery please include your name and parcel number in the subject line.

The Assessor's Office may audit this statement for completeness and accuracy and may contact you for additional information as required. If you have any questions regarding this form, please call (530) 225-3600.

I declare under penalty of perjury that this statement, including any accompanying schedules and financial statements, is true, correct, and complete to the best of my knowledge and belief.

X
Print name of owner or agent

X
Signature of owner or agent

Date: _____

Daytime Phone: _____

Home Phone: _____