



Interior Building Description Form – Self Reporting

As part of an ongoing effort by the City of Prince Albert to maintain an accurate assessment roll, and as required by provincial legislation [Section 22(12) Assessment Management Agency Act] an Assessment Appraiser has made an attempt to verify the property information that we have on record for your property. We are providing you with this interior building description form for you to complete and return within the next 10 days. If you have any questions or would prefer to speak directly to an Assessment Appraiser you may call 953-4350 or visit City Hall.

If there are any issues, an Assessor may call to verify details or arrange a time for a site inspection.

Roll Number _____ **Address** _____ **Phone Number** (during the day) _____

MAIN and UPPER FLOORS

1. Year home was built: _____ Any renovations to home: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when _____ Additions to the original structure : <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when _____, size _____	4. Please provide the <u>number</u> of bathrooms that are applicable for the following plumbing categories on the main and upper floors. Full Bath (toilet, bathtub, shower, sink) _____ Three Quarter Bath (toilet, shower, sink) _____ Half Bath (toilet, sink) _____ Two-person or larger jet-tub, whirlpool, or hot tub _____ Have any of the bathrooms been renovated? <input type="checkbox"/> Yes <input type="checkbox"/> No
2. What is the total living area on the main floor and any upper floors? _____ How many bedrooms are there on the main and upper floors? _____	5. How many fireplaces are there on the main or upper floors? _____ <u>Fireplace Type</u> <input type="checkbox"/> Natural Gas <input type="checkbox"/> Wood Burning <input type="checkbox"/> Wood Burning Stove <input type="checkbox"/> Other _____
3. What type of heat does the house have? <input type="checkbox"/> Forced Hot Air <input type="checkbox"/> Hot Water <input type="checkbox"/> Steam <input type="checkbox"/> Electric <input type="checkbox"/> Other _____ Air Conditioning: <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Kitchen Counter Tops? _____ (Arborite, Granite, Molded, etc)
6. Type of Kitchen Cabinets? _____ (Maple, Oak, Mahogany, Pine, etc)	

BASEMENT

7. Is the basement area developed? <input type="checkbox"/> Yes <input type="checkbox"/> No (walls, ceiling & flooring) Estimate the square footage of the basement area that is developed with floor and ceiling _____ <u>or</u> the percentage of the basement that is developed <input type="checkbox"/> 25% <input type="checkbox"/> 50% <input type="checkbox"/> 75% <input type="checkbox"/> 100% The number of rooms in the developed basement area: _____ The number of bedrooms in the basement area: _____ Please describe the type of material used in the basement: Walls _____ (ex: drywall, panelling) Flooring _____ (ex: carpet, laminate, linoleum) Ceiling _____ (ex: drywall, suspended ceiling)	8. Please provide the <u>number</u> of bathrooms that are applicable for the following plumbing categories in the basement. Full Bath (toilet, bathtub, shower, sink) _____ Three Quarter Bath (toilet, shower, sink) _____ Half Bath (toilet, sink) _____ Two-person or larger jet-tub, whirlpool, hot tub _____ Other Plumbing (bar sinks, laundry sinks, etc.) _____ Have any of the bathrooms been renovated? <input type="checkbox"/> Yes <input type="checkbox"/> No Type of Kitchen Cabinets? (if applicable) _____ Type of Kitchen Counter Tops? (if applicable) _____
9. How many fireplaces are there in the basement? _____ Fireplace Type : <input type="checkbox"/> Natural Gas <input type="checkbox"/> Wood Burning <input type="checkbox"/> Wood Burning Stove <input type="checkbox"/> Other _____	

GARAGES, SHEDS, STORAGE BUILDINGS AND DECKS

	<u>Approximate Size</u>	<u>Heated</u>	<u>Insulated</u>	<u>Lined(Gyproc/Plywood)</u>	<u>Wired for Electricity</u>
Garage or Outbuilding #1	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Garage or Outbuilding #2	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Deck	_____				

Comments (any additional information)

***Please take your time in filling out this form. The accuracy of your answers will have a direct bearing on the accuracy of your assessment.**