

**City of Olean Assessor's office**

**P.O. Box 668**

**Phone: 716-376-5630**

**Olean, NY 14760-0668**

**Fax: 716 376-5671**

OWNER NAME: \_\_\_\_\_

**COMMERCIAL PROPERTY**

**REQUEST FOR A REVIEW OF THE ASSESSED VALUE ON PROPERTY LOCATED AT:**

PARCEL ADDRESS: \_\_\_\_\_

TAX MAP NUMBER: \_\_\_\_\_

PROPERTY CLASS CODE: \_\_\_\_\_

CURRENT TOTAL VALUE: \_\_\_\_\_

I BELIEVE THE ASSESSMENT SHOULD REFLECT A **FULL MARKET VALUE** OF: \_\_\_\_\_

OPINION OF VALUE SHOWN ABOVE IS BASED ON: (please complete at least one of the following)

1) **SALE INFORMATION OF SUBJECT PROPERTY WITHIN THE LAST 3 YEARS:**

SALE PRICE: \_\_\_\_\_

DATE PURCHASED: \_\_\_\_\_

ARMS LENGTH (fair market) SALE? YES \_\_\_\_\_ NO \_\_\_\_\_

TYPE OF PROPERTY: \_\_\_\_\_

PROPERTY USE: \_\_\_\_\_

CHANGE IN USE? Y / N (if yes, designate prior use)

PRIOR USE: \_\_\_\_\_

SQUARE FT OF BLDG: \_\_\_\_\_

RENTABLE SQ FT: \_\_\_\_\_

IS ANY OR ALL OF THE BUILDING RENTED? Y / N (if yes, answer the following)

RENTABLE UNIT TYPE:(sf, apt, etc) \_\_\_\_\_

NUMBER OF UNITS: \_\_\_\_\_

ACTUAL RENT PER UNIT: \_\_\_\_\_

LIST ANY IMPROVEMENTS MADE TO YOUR PROPERTY SINCE THE PURCHASE: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

BUILDING PERMITS PENDING:

DATE ISSUED: \_\_\_\_\_

PROPOSED CONSTRUCTION: \_\_\_\_\_

\_\_\_\_\_

**RECOMMENDED SUPPORTING INFORMATION:**

- 1) RECENT PHOTOGRAPHS OF YOUR PROPERTY
- 2) SURVEY OF YOUR PROPERTY IF AVAILABLE
- 3) COPY OF BUILDING PERMIT(S) NEW CONSTRUCTION PLANS, ETC
- 4) COPY OF SALES CONTRACT
- 5) COPY OF ANY APPRAISAL DONE WITHIN THE PAST 3 YEARS
- 6) COPY OF LISTING AGREEMENT IF CURRENTLY LISTED FOR SALE
- 7) ANY ADDITIONAL DATA TO SUPPORT YOUR CLAIM

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- 2) SALES OF 3 (OR MORE) **COMPARABLE** PROPERTIES IN THE SAME OR SIMILAR NEIGHBORHOOD WITHIN THE LAST YEAR:

PROPERTY ADDRESS #1) \_\_\_\_\_  
 SALE PRICE: \_\_\_\_\_  
 DATE SOLD: \_\_\_\_\_  
 ARMS LENGTH SALE? YES\_\_\_ NO\_\_\_  
 SQ FOOTAGE OF BLDG: \_\_\_\_\_  
 TYPE OF BUILDING: \_\_\_\_\_  
 COMMENTS: \_\_\_\_\_  
 \_\_\_\_\_

PROPERTY ADDRESS #2) \_\_\_\_\_  
 SALE PRICE: \_\_\_\_\_  
 DATE SOLD: \_\_\_\_\_  
 ARMS LENGTH SALE? YES\_\_\_ NO\_\_\_  
 SQ FOOTAGE OF BLDG: \_\_\_\_\_  
 TYPE OF BUILDING: \_\_\_\_\_  
 COMMENTS: \_\_\_\_\_  
 \_\_\_\_\_

PROPERTY ADDRESS #3) \_\_\_\_\_  
 SALE PRICE: \_\_\_\_\_  
 DATE SOLD: \_\_\_\_\_  
 ARMS LENGTH SALE? YES\_\_\_ NO\_\_\_  
 SQ FOOTAGE OF BLDG: \_\_\_\_\_  
 TYPE OF BUILDING: \_\_\_\_\_  
 COMMENTS: \_\_\_\_\_  
 \_\_\_\_\_

AND/OR

- 3) OTHER: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(Attach additional pages if necessary)

I UNDERSTAND THAT I SHOULD CONTACT THE ASSESSOR'S OFFICE AFTER MAY 1<sup>ST</sup> TO INSPECT THE TENTATIVE ROLL, AND IF THE ASSESSMENT IS NOT TO MY SATISFACTION I HAVE THE OPTION TO FILE A GRIEVANCE WITH THE BOARD OF ASSESSMENT REVIEW WHICH MEETS THE 4<sup>TH</sup> TUESDAY IN MAY. I ALSO UNDERSTAND THAT THE TENTATIVE ROLL BECOMES THE FINAL ROLL EFFECTIVE JULY 1<sup>ST</sup>, EXCEPT FOR ANY CHANGES MADE OR RATIFIED BY THE BOARD OF ASSESSMENT REVIEW AFTER GRIEVANCE DAY.

OWNER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_