

WELFARE EXEMPTION ASSESSOR'S FIELD INSPECTION REPORT



Jennifer Perry, Assessor

County of Del Norte

981 H Street, Suite 120

Crescent City, CA 95531

Telephone: (707) 464-7200

Year: \_\_\_\_\_

REGULAR ASSESSMENT

Information for Property No. \_\_\_\_\_

SUPPLEMENTAL ASSESSMENT

Name of organization \_\_\_\_\_

Address of **this** property \_\_\_\_\_

(street, city, zip code)

Owner only  Operator only  Owner-Operator Date of last inspection of property \_\_\_\_\_

If claimant is owner, name of operator is \_\_\_\_\_

If claimant is operator, name of owner is \_\_\_\_\_

A. **Claimant is primarily:** (check only one)  1. religious  2. hospital  3. scientific  4. charitable

5. other (explain) \_\_\_\_\_

B. **Use of property**

1. The **primary activity** the property is used for is: (check only one)

a. administration

e. fraternal and lodge meetings

i. medical (not hospital)

b. commercial

f. fund raising

j. recreational

c. educational

g. hospital

k. rehabilitation

d. farming

h. housing

l. informational

m. other (explain) \_\_\_\_\_

2. **Other activities** the property is used for are: a. List letters used in B1 \_\_\_\_\_

b. Other (explain) \_\_\_\_\_

3. **All or part** (write in all or part where applicable) of the property is: a. leased or rented \_\_\_\_\_

b. vacant or unused \_\_\_\_\_ c. in excess of that reasonably necessary \_\_\_\_\_ d. used to house personnel whose presence is not institutionally necessary \_\_\_\_\_

C. **Operation of property for benefit of persons**

1. In your opinion are services and expenses excessive?  Yes  No

If answer is **yes**, explain: \_\_\_\_\_

2. In your opinion do operations enhance anyone's private gain?  Yes  No

If answer is **yes**, explain: \_\_\_\_\_

3. In your opinion is the claimant's proposed new capital investment, if any, necessary?  Yes  No

If answer is **no**, explain: \_\_\_\_\_

D. **Ownership of real property** (as of applicable **lien date**) is recorded in exact name of claimant  Yes  No

If answer is **no**, explain: \_\_\_\_\_

\_\_\_\_\_ Did owner file an exemption claim?  Yes  No

E. **Supplemental Assessment** (in claimant's name):

1. Date of change in ownership \_\_\_\_\_ Recorded  Yes  No

Ownership in name of claimant? \_\_\_\_\_

2. Date of completion of new construction \_\_\_\_\_

Explain what was constructed \_\_\_\_\_

3. Date put to exempt use \_\_\_\_\_ If only a portion of the property is put to an exempt use, describe exempt and nonexempt portions in detail \_\_\_\_\_

4. Notice: date mailed \_\_\_\_\_

Not mailed

5. Date claim for exemption from Supplemental Assessment was filed with Assessor \_\_\_\_\_

6. Date first installment of supplemental tax bill becomes (became) delinquent \_\_\_\_\_

F. **A claim for welfare exemption on this property:** 1. was filed last year  Yes  No 2. is new this year  Yes  No

3. was not filed last year but claimed on another property located at \_\_\_\_\_  
(give complete address including zip code)

G. **Recommendation:** 1. Approval \_\_\_\_\_

(all)

2. Denial \_\_\_\_\_

(part)

(all)

Reason for denial (if partial denial, identify specific area to be denied) \_\_\_\_\_

Date \_\_\_\_\_

Inspection for \_\_\_\_\_, Assessor

By \_\_\_\_\_, Designee

