



City of Virginia Beach
 Office of Real Estate Assessor
 2424 Courthouse Drive
 Virginia Beach, Virginia 23456-9054
 Telephone (757) 385-4601 Fax (757) 385-5727

assessor.virginiabeach.gov

REQUEST FOR REAPPRAISAL

Owner: _____
 Property Address: _____
 GPIN: _____
 Subdivision: _____ District: _____
 Neighborhood: _____ Zoning: _____
 Class Code: _____ Appraiser: _____

*Appeals should be based on uniformity and/or market value.
 The amount of change from the previous year's assessment is not a legal basis for appeal.*

REASON FOR APPEAL

- Assessed more than market value. Inequitably assessed regarding comparable properties.
 Is a recent appraisal being submitted? Yes No

I request the assessment on this property be compared to that of the following properties:

<u>Address</u>	<u>Owner</u>	<u>Sale Date</u>	<u>Sale Price</u>	<u>Description</u>

An adjustment of this assessment should be made because:

In your opinion, what is the **current market value** of this property:

Land	_____
Structures	_____
Total	_____

****Please note that an interior/exterior inspection of the property may be necessary.**

Signature of Owner: _____
 Printed Signature of Owner: _____
 Printed Mailing Address: _____

 Telephone: Home _____ Work _____ Cell _____

You will be provided with a written notification of the results of this review. The property owner has the right to appeal the decision of the Assessor to the Board of Equalization. The B.O.E. is appointed by the Circuit Court to hear assessment appeals. If the property owner wishes to appeal to the B.O.E. after the decision of this office, then a separate application must be filed with that office before August 30th.

Please complete the reverse side of this form.

Please provide the following information to verify the accuracy of data regarding your property record:

Year Built _____ Living Area Foundation: Slab Crawl Pilings

Please indicate the percent on each floor:

Exterior Finish	1 st	2 nd	3 rd	Bsmt
Brick or Stone				
Vinyl				
Wood				
Cement Fiber Board (Hardi Plank)				
EFIS (Dryvit)				
Block				
Asbestos Shingles				
Other _____				
Total	100%	100%	100%	100%

Please indicate percent of each type:

Interior Flooring	
Carpet	
Vinyl	
Hardwood	
Tile	
Marble	
Slate	
Other _____	
	100%

Please indicate the number on each floor:

Rooms	1 st	2 nd	3 rd	Bsmt.
Kitchen				
Living Room				
Dining Room				
Family Room/Den				
Great Room				
*Bedrooms				
*Other _____				
*Room Over Garage <input type="checkbox"/> Finished with closet; count as <i>bedroom</i> above <input type="checkbox"/> Finished without closet; count as <i>other</i> above <input type="checkbox"/> Unfinished				
Basement: _____ % Finished _____ % Unfinished				

Extras	
Number of fireplaces:	
Masonry _____ Steel Prefab _____	
Central Air Conditioning	<input type="checkbox"/>
Built in Hot Tub	<input type="checkbox"/>
Built in Sauna	<input type="checkbox"/>
In-ground Pool	<input type="checkbox"/>
Detached Garage	<input type="checkbox"/>
Shed (over 200 sq. feet)	<input type="checkbox"/>
Dumb Waiter	<input type="checkbox"/>
Elevator	<input type="checkbox"/>
Security System	<input type="checkbox"/>
Central Vacuum System	<input type="checkbox"/>
Generator	<input type="checkbox"/>
Other _____	<input type="checkbox"/>

Please indicate the number of baths on each floor and the flooring in each:

Baths & Special Plumbing Fixtures	1 st Floor	2 nd Floor	3 rd Floor	Basement
2 Plumbing Fixture Bath				
3 Plumbing Fixture Bath				
4 Plumbing Fixture Bath				
5 Plumbing Fixture Bath				
Special Plumbing Fixtures				

Remodeling:	Year _____	Cost \$ _____
Description:	_____	
	Year _____	Cost \$ _____
Description:	_____	

Additions:	Year _____	Cost \$ _____
	Year _____	Cost \$ _____