

BOARD OF REVISION OF TAXES - VALUE SUMMARY COVER SHEET

OPA Account Number: _____

Address/Location: _____

Effective Date of Value: _____ Appraiser or Evaluator
Submitted by: _____

INDICATIONS OF VALUE:

Sales Comparison	\$	/ \$	sf	- see page #
Income Capitalization	\$	/ \$	sf	- see page #
Cost	\$	/ \$	sf	- see page #

PRIMARY APPROACH TO VALUE: _____

RECONCILED/FINAL VALUE: \$ _____ / \$ _____ sf _____

OFFICE OF PROPERTY ASSESSMENT (OPA) CERTIFIED ASSESSED VALUE:

Total Assessed Value	\$	/ \$	sf
Land Assessed Value	\$	/ \$	sf
Improved Assessed Value	\$	/ \$	sf

Effective Gross Income: _____

Total Operating Expense: _____

Net Operating Income: _____

Capitalization Rate (loaded): _____

DIFFERENCE: 2018 OPA Assessed Value less Opinion of Value = \$ _____

ABATEMENT: No Yes

LAND VALUE INCREASE ONLY? No Yes

Use of Property:

- | | | | |
|-------------------------------------|-------------------------------------|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Office | <input type="checkbox"/> Apartments | <input type="checkbox"/> Mixed Use | <input type="checkbox"/> Residential |
| <input type="checkbox"/> Commercial | <input type="checkbox"/> Hotel | <input type="checkbox"/> Vacant Land | <input type="checkbox"/> Other |

Highest and Best Use: _____

Site/Land Area: sq. ft. or acre(s) _____

Gross Building Area: sq. ft. _____

Rentable Area: sq. ft. _____

Zoning: _____

**** REMINDER ** Restricted Use Appraisals are not permitted**