

TOWN OF CLARKSON

<p>For Assessor's Use: SBL # _____ Hearing: _____</p>

VACANT LAND REVIEW APPLICATION 2009

SECTION I

Please Print

1. **PROPERTY CLASS CODE** _____
2. **NAME OF PROPERTY OWNER** _____
3. **PROPERTY LOCATION** _____
4. **TELEPHONE NUMBER (home)** _____ **(away)** _____
5. **SECTION, BLOCK & LOT NUMBER** _____
6. **MAILING ADDRESS** _____

7. **NEW PRELIMINARY ASSESSMENT** _____
8. **REQUESTED ASSESSMENT** _____ **WHY?** _____

SECTION II

1. **PROPERTY SIZE** (frontage): _____ (depth) _____
(acreage): _____
2. **CURRENT ZONING:** _____
3. **INTENDED USE:** _____
4. **SALES INFORMATION:** Purchase Price: _____ Date: _____
(include this information only if you purchased the property in the last 4 years)
5. **RE-ZONING PETITION PENDING** (yes) or (no) _____

SECTION III

RECOMMENDED SUPPORTING INFORMATION

1. **A SURVEY OF YOUR PROPERTY (if available)**
2. **A COPY OF YOUR SALES CONTRACT (If purchased since 2005)**
3. **A COPY OF YOUR CLOSING STATEMENT (If purchased since 2005)**
4. **A COPY OF ANY APPRAISAL DONE ON YOUR PROPERTY SINCE 2006**
5. **IF LISTED FOR SALE INCLUDE A COPY OF LISTING AGREEMENT**
6. **ANY ADDITIONAL DATA TO SUPPORT YOUR CLAIM**

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SECTION IV

Please print

A. **LIST FOUR SALES OF COMPARABLE PROPERTIES (please use the most recent sales for they are the best indicators of current market value)**

Sale 1. Location _____ S.B.L.
Sale Price _____ Sale Date _____
Lot Size _____ Zoning _____
Topography _____ Utilities _____
Comments on Sales Comparison _____

Sale 2. Location _____ S.B.L.
Sale Price _____ Sale Date _____
Lot Size _____ Zoning _____
Topography _____ Utilities _____
Comments on Sales Comparison _____

Sale 3. Location _____ S.B.L.
Sale Price _____ Sale Date _____
Lot Size _____ Zoning _____
Topography _____ Utilities _____
Comments on Sales Comparison _____

Sale 4. Location _____ S.B.L.
Sale Price _____ Sale Date _____
Lot Size _____ Zoning _____
Topography _____ Utilities _____
Comments on Sales Comparison _____

Based on the sale of the above properties, I believe that the estimated FULL MARKET VALUE for the subject property is _____.

I certify that all statements made on this application are true and correct to the best of my knowledge and belief. _____

Signature of Owner

Date

NOTE: THIS FORM MUST BE SUBMITTED NO LATER THAN APRIL 15TH IN ORDER TO BE CONSIDERED FOR AN INFORMAL REVIEW (INFORMAL HEARINGS ARE HELD, BY APPOINTMENT, IN MARCH). AFTER APRIL 15TH – YOU MUST SUBMIT FORM RP-524 (COMPLAINT ON REAL PROPERTY ASSESSMENT) THROUGH THE FORMAL GRIEVANCE PROCESS.