



**County of Pulaski  
Office of the County Assessor**

**RETURN TO:**  
COMMISSIONER OF THE REVENUE  
OFFICE OF THE COUNTY ASSESSOR  
52 WEST MAIN STREET, SUITE 200  
PULASKI, VIRGINIA 24301-5044

**Phone:** 540-980-7753      **Email:** [assessor@pulaskicounty.org](mailto:assessor@pulaskicounty.org)  
**Assessment Database:** <https://www.pulaskicounty.org/parcels>

Tax Map Reference Number
_____ - _____ - _____ - _____

Administrative Use Only	
AP-	Rcv Stamp
Initial Assmt Date:	Clerk:

## COMMERCIAL REAL ESTATE APPEAL Apartment and Motel/Hotel

### INSTRUCTIONS

Please complete the following sections if you are requesting an appeal of your commercial property assessment:

Apartment complexes should complete Sections 1-4, 6-8c, 10-15.

Motels and Hotels should complete Sections 1-5, 7, 9, 10, 13-15.

**APPEAL DEADLINE: SEE MAILED ASSESSMENT CHANGE NOTICE**

Please review your Property Record Card (PRC). Any clerical errors should be reported in Section 14.

Clerical errors discovered on the PRC may be reported to our office at anytime.

**All information provided is considered confidential, per Virginia Code.**

### 1. GENERAL INFORMATION (PROPERTY IDENTIFICATION)

Property Name		Owner/Agent	
Tax Parcel ID		Property Class/Type	

### 2. PROPERTY LOCATION

Street #	Street Name	Direction	Suffix
City			Zip/Postal Code

### 3. PROPERTY IMPROVEMENT INFORMATION

Owner Occupied (Yes / No)		Owner Occupied SqFt			
Year Built	Year Addition	Total Building Area	Total Leasable Area	Total Basement Area	
Year Renovated	Finished Bsmt Area	Unfinished Bsmt Area	Bsmt Parking Area		
No. Stories	No. Elevators	No. Parking Spaces	No. Reserved/Rental Parking Spaces		

### 4. DEBT SERVICE INFORMATION (Previous 5-years)

	Loan Amount	Loan Date	Term	Interest %	Payment (P & I)	Payment Frequency (Mo. or Annually)
#1						
#2						
#3						

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**5. GENERAL PROPERTY, MANAGEMENT, RATE, AND OCCUPANCY INFORMATION**

Total # of rooms	Total	
	Doubles	
	Singles	
	Suites	
Is there a restaurant facility? If yes, what is the seating capacity	Yes / No	
Is there a full-service kitchen?	Yes / No	
Conference meeting area	# of rooms	Sq. Ft
Amenities (pools, exercise facilities, etc.)		
Year of Last Room Renovation		
Year of Last Common Area Renovation		
Include STR Chain Scale	Independent ____ Economy ____ Midscale ____ Upper-Midscale ____ Upscale ____ Upper-Upscale ____ Luxury ____	
Is the property owned by a national hotel chain? If yes, is the property operated and managed by them?	Yes / No	
Is the property currently under a franchise agreement with a hotel chain? If yes, how is the fee structured (i.e., flat dollar amount of % of revenue, NOI, etc.)	Yes / No	
	Initial Fees	
	Advertising Fees	
	Royalty Fees	
	Reservation Fees	
Is the property operated under a management contract (other than owner)?  If yes, does the contract provide for the use of a recognized chain, affiliated trade name, and reservation system?  How are the management fees calculated (i.e., % of total revenues, room revenues, NOI, etc.)	Yes / No	
	Yes / No	
Total number of rooms sold over the previous 12 months		
Average occupancy over the previous 12 months		
Total room nights available (total number of rooms multiplied by 365)		
Average Daily Room rate (ADR) over the previous 12 month period? (total gross room revenue divided by total number of rooms sold)		

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**6. VACANCY AND CONCESSION INFORMATION**

Units vacant and available for lease as of January 1 (current year) Number of units _____ or % of total units _____	
Units vacant and available over the <i>past year</i> Number of units _____ or % of total units _____	
Rent concessions offered as of January 1 (current year)	Unit type _____ # of Units _____ Amt per Mo. _____ Unit type _____ # of Units _____ Amt per Mo. _____ Unit type _____ # of Units _____ Amt per Mo. _____
Total actual rent concessions given in the year prior to January 1	

**7. DEVELOPMENT COSTS, CAPITAL IMPROVEMENTS/RENOVATIONS AND DEFERRED MAINTENANCE**

Have there been Capital Improvements or Capital Renovations to the property over the past 2 years?  Yes _____ No _____ If yes, please provide total cost and attach a detailed list.	
Do you fund a reserve for capital improvements?  Yes _____ No _____ If yes, please provide annual amount:	
Total units improved/renovated during previous year	
Number of removed/renovated units off-market as of January 1	(Time off market _____ mos.)
Does the property currently have any deferred maintenance?  Yes _____ No _____ If yes, please provide the total cost to cure and attach an itemized list of the individual items along with cost estimates.	
Estimated total development costs (Includes all direct "hard costs plus indirect costs, including marketing costs, leasing commissions, etc. to achieve initial stabilized occupancy	
Purchase Price of Land	
Total Costs: Attach most recent Certificate of Payments (AIA documents G702 and G703) for all costs	
Number of new completed units as of January 1	
Number of new incomplete units as of January 1	

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**8. PRIOR 2-YEARS ANNUAL INCOME (Indicate value is Estimated by checking box at right, per year)**

<b>Item</b>	<b>Amount (Year _____)</b>	<b>Value Imputed?</b>	<b>Amount (Year _____)</b>	<b>Value Imputed?</b>
Income				
Residential Income				
Market rent at 100% occupancy				
<b>8a. VACANCY AND COLLECTION LOSS</b>				
Income loss due to vacancy				
Income loss due to collection loss				
Total Vacancy and Collection Loss				
<b>8b. RENT CONCESSIONS/EMPLOYEE QUARTERS</b>				
Income loss due to concessions				
Income loss due to employee quarters				
Total Rent Concessions/Employee Quarters				
<b>8c. ADDITIONAL INCOME</b>				
Commercial Tenant Income received				
Laundry Income (_____ contract _____ Owner-managed)				
Insurance Reimbursements				
Parking/Garage Income				
Special Fees, Clubhouse Rental, Vending				
Furniture Rental (Net of Expenses)				
NSF, Late Fees, Damages				
Excess Rent				
HUD Interest Subsidy Reimbursements				
Antenna/Miscellaneous Income				
Other Income (specify)				
Total Gross Income (Rent + Other Income)				

**9. PRIOR 2-YEARS ANNUAL INCOME (Indicate value is Estimated by checking box at right, per year)**

<b>Item</b>	<b>Amount (Year _____)</b>	<b>Value Imputed?</b>	<b>Amount (Year _____)</b>	<b>Value Imputed?</b>
Actual Room Rental Income Received				
Sales of Food/Sundry Services				
Sales of Beverage/Sundries				
Telephone Income				
Lease Income				
Other Income (specify)				
Total Annual Income				

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**10. PRIOR 2-YEARS ANNUAL OPERATING EXPENSES**

<b>Item</b>	<b>Amount (Year _____)</b>	<b>Value Imputed?</b>	<b>Amount (Year _____)</b>	<b>Value Imputed?</b>
Water and Sewer				
Electricity				
Other Utilities (specify)				
Maintenance Payroll/Supplies				
HVAC Repairs				
Electric/Plumbing Repairs				
Elevator Repairs				
Roof Repairs				
Pool/Recreational Repairs				
Common Area/Exterior Repairs				
Decorating (carpet, paint, etc.)				
Other Repairs and Maintenance (specify)				
Management Fees (property-specific fees) Self-managed? Yes / No				
Other Administrative/Payroll (specify)				
Janitorial/Cleaning				
Landscape/Grounds Maintenance				
Trash/Refuse				
Security				
Extermination				
Window Cleaning				
Snow Removal				
Other Services (specify)				
Insurance (annual)				
Other Taxes, Fees (DO NOT include real property taxes)				
Personal Property Taxes				
Business License				
Others (specify)				
Total Operating Expenses				
Net Operating Expenses ( <i>Total Income Less Total Expenses before real property taxes</i> )				
Real Estate Taxes				
Reserves for Replacement				

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# 11. APARTMENT RENT ROLL

Property Name	Tax Parcel ID	Property Type

Unit Type (Studio, 1BR, etc)	Number of Units of this Type	Rentable Area Per Unit (SF)	Number of Baths		January 1 Actual Rent (per Month)	Current Actual Rent (per Month)	Items Included in Rent							Type of Heat		Metered Utilities	
			Full	Half			Heat	Elec	Dish Washer	Washer Dryer	Parking/ Gar	Pool	Clubhse /Fitness Ctr	Gas/Oil	Elec	Gas	Elec

**ADDITIONAL RENTS:**

Carports: # \_\_\_\_\_ @ \$ \_\_\_\_\_     
 Reserved Parking: # \_\_\_\_\_ @ \$ \_\_\_\_\_     
 Garages: # \_\_\_\_\_ @ \$ \_\_\_\_\_  
 Storage Unit: # \_\_\_\_\_ @ \$ \_\_\_\_\_     
 Cathedral Ceiling: # \_\_\_\_\_ @ \$ \_\_\_\_\_     
 View: # \_\_\_\_\_ @ \$ \_\_\_\_\_  
 Fireplaces: # \_\_\_\_\_ @ \$ \_\_\_\_\_     
 Pet Deposit: # \_\_\_\_\_ @ \$ \_\_\_\_\_  
 Other (specify): \_\_\_\_\_ # \_\_\_\_\_ @ \$ \_\_\_\_\_

*For subsidized apartments, please include basic and fair market rents, below. For all others, show new tenant rents.*

Subsidized Unit Type (Studio, 1BR, etc)	Number of Units of this Type	Rentable Area Per Unit (SF)	Number of Baths		January 1 Actual Rent (per Month)	Current Actual Rent (per Month)	Items Included in Rent							Type of Heat		Metered Utilities	
			Full	Half			Heat	Elec	Dish Washer	Washer Dryer	Parking/ Gar	Pool	Clubhse /Fitness Ctr	Gas/Oil	Elec	Gas	Elec

*If the property includes any commercial tenants, please include those on the following page.*

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**12. COMMERCIAL TENANT RENT ROLL**

Property Name	Tax Parcel ID	Property Type

Tenant Name/Unit #	Leased Floor Space (SF)	Lease Begin/End Dates (MM/DD/YYYY)	RENT		Rent Escalations % Fixed or CPI Factor	ANNUAL ADDITIONAL AMOUNTS					ADJUSTMENTS		
			Original Annual Base Rent Amount	Current Annual Rent Amount		Overage or % Rent	EXPENSE REIMBURSEMENTS & PASS THROUGHS				Mo. Free Rent	Total Leasing Commission	Landlord Paid Build-out Cost
							Expense Stop (\$)	Amount Paid in Excess Expense Stop	Common Area Maintenance	R.E. Taxes (if separate)			

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**13. ADDITIONAL COMMENTS**

Please include any details you feel are necessary for the valuation of this property:

**14. PROPERTY RECORD CARD**

Please note any inaccurate information or clerical errors found on the PRC for this real estate:

**15. CERTIFICATION**

**OFFICIAL REQUEST: TITLE 58.1-3294 CODE OF VIRGINIA**

State law requires certification by the owner or official authorized representative

Name of Management Company		Contact Person	
Street #	Street Name/P.O. Box		
Unit/Suite/Floor	City	State/Country	Zip/Postal Code
Phone Number (incl. area code)		Email Address(es)	
All information including the accompanying schedules, statements, and attachments have been examined by me and to the best of my knowledge and belief are true, accurate, and complete.			
Signature		Date	
Printed Name		Title	

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