

ASSESSMENT APPEAL APPLICATION

This form contains all of the requests for information that are required for filing an application for changed assessment. Failure to complete this application may result in rejection of the application and/or denial of the appeal. Applicants should be prepared to submit additional information if requested by the assessor or at the time of the hearing. Failure to provide information at the hearing the appeals board considers necessary may result in the continuance of the hearing or denial of the appeal. **Do not attach hearing evidence to this application.**

RECEIVED
CLERK OF THE BOARD
JAN 30 2018
BOARD OF APPEALS
COUNTY OF SANTA CRUZ

Please Return to:
701 Ocean Street, Room 520
Santa Cruz, CA 95060
Non-Refundable \$30 processing
fee due at time of filing

APPLICATION NUMBER: Clerk Use Only
163-17

1. APPLICANT INFORMATION - PLEASE PRINT

NAME OF APPLICANT (LAST, FIRST, MIDDLE INITIAL), BUSINESS, OR TRUST NAME: Ruiz David EMAIL ADDRESS: _____

MAILING ADDRESS OF APPLICANT (STREET ADDRESS OR P. O. BOX): 151 Onyx Dr

CITY: Watsonville STATE: CA ZIP CODE: 95076 DAYTIME TELEPHONE: (831) 319-4082 ALTERNATE TELEPHONE: () FAX TELEPHONE: ()

2. CONTACT INFORMATION - AGENT, ATTORNEY, OR RELATIVE OF APPLICANT if applicable - (REPRESENTATION IS OPTIONAL)

NAME OF AGENT, ATTORNEY, OR RELATIVE (LAST, FIRST, MIDDLE INITIAL): _____ EMAIL ADDRESS: _____

COMPANY NAME: _____

CONTACT PERSON IF OTHER THAN ABOVE (LAST, FIRST, MIDDLE INITIAL): _____

MAILING ADDRESS (STREET ADDRESS OR P. O. BOX): _____

CITY: _____ STATE: _____ ZIP CODE: _____ DAYTIME TELEPHONE: () ALTERNATE TELEPHONE: () FAX TELEPHONE: ()

AUTHORIZATION OF AGENT AUTHORIZATION ATTACHED

The following information must be completed (or attached to this application - see instructions) unless the agent is a licensed California attorney as indicated in the Certification section, or a spouse, child, parent, registered domestic partner, or the person affected. If the applicant is a business entity, the agent's authorization must be signed by an officer or authorized employee of the business.

The person named in Section 2 above is hereby authorized to act as my agent in this application, and may inspect assessor's records, enter in stipulation agreements, and otherwise settle issues relating to this application.

SIGNATURE OF APPLICANT, OFFICER, OR AUTHORIZED EMPLOYEE: _____ TITLE: _____ DATE: _____

3. PROPERTY IDENTIFICATION INFORMATION

Yes No Is this property a single-family dwelling that is occupied as the principal place of residence by the owner?

ENTER APPLICABLE NUMBER FROM YOUR NOTICE/TAX BILL

ASSESSOR'S PARCEL NUMBER: 05164312 ASSESSMENT NUMBER: _____ FEE NUMBER: _____

ACCOUNT NUMBER: _____ TAX BILL NUMBER: _____

PROPERTY ADDRESS OR LOCATION: 151 Onyx Dr Watsonville DOING BUSINESS AS (DBA), if appropriate: _____

PROPERTY TYPE SINGLE-FAMILY / CONDOMINIUM / TOWNHOUSE / DUPLEX AGRICULTURAL POSSESSORY INTEREST

MULTI-FAMILY/APARTMENTS: NO. OF UNITS _____ MANUFACTURED HOME VACANT LAND

COMMERCIAL/INDUSTRIAL WATER CRAFT AIRCRAFT

BUSINESS PERSONAL PROPERTY/FIXTURES OTHER: _____

| 4. VALUE | A. VALUE ON ROLL | B. APPLICANT'S OPINION OF VALUE | C. APPEALS BOARD USE ONLY |
|--------------------------------------|------------------|---------------------------------|---------------------------|
| LAND | 240,000 | 210,000 | |
| IMPROVEMENTS/STRUCTURES | 160,000 | 120,000 | |
| FIXTURES | | | |
| PERSONAL PROPERTY (see instructions) | | | |
| MINERAL RIGHTS | | | |
| TREES & VINES | | | |
| OTHER | | | |
| TOTAL | 400,000 | 330,000 | |
| PENALTIES (amount or percent) | | | |

5. TYPE OF ASSESSMENT BEING APPEALED Check only one. See instructions for filing periods

- REGULAR ASSESSMENT – VALUE AS OF JANUARY 1 OF THE CURRENT YEAR
 - SUPPLEMENTAL ASSESSMENT
 - *DATE OF NOTICE: 12-1-17 ROLL YEAR: 2014
 - ROLL CHANGE ESCAPE ASSESSMENT CALAMITY REASSESSMENT PENALTY ASSESSMENT
 - *DATE OF NOTICE: _____ **ROLL YEAR: _____
- *Must attach copy of notice or bill, where applicable **Each roll year requires a separate application*

6. REASON FOR FILING APPEAL (FACTS) See instructions before completing this section.

If you are uncertain of which item to check, please check "I. OTHER" and provide a brief explanation of your reasons for filing this application. The reasons that I rely upon to support requested changes in value are as follows:

- A. DECLINE IN VALUE
 - The assessor's roll value exceeds the market value as of January 1 of the current year.
- B. CHANGE IN OWNERSHIP
 - 1. No change in ownership occurred on the date of _____.
 - 2. Base year value for the change in ownership established on the date of 06-10-2014 is incorrect.
- C. NEW CONSTRUCTION
 - 1. No new construction occurred on the date of _____.
 - 2. Base year value for the completed new construction established on the date of _____ is incorrect.
 - 3. Value of construction in progress on January 1 is incorrect.
- D. CALAMITY REASSESSMENT
 - Assessor's reduced value is incorrect for property damaged by misfortune or calamity.
- E. BUSINESS PERSONAL PROPERTY/FIXTURES. Assessor's value of personal property and/or fixtures exceeds market value.
 - 1. All personal property/fixtures.
 - 2. Only a portion of the personal property/fixtures. Attach description of those items.
- F. PENALTY ASSESSMENT
 - Penalty assessment is not justified.
- G. CLASSIFICATION/ALLOCATION
 - 1. Classification of property is incorrect.
 - 2. Allocation of value of property is incorrect (e.g., between land and improvements).
- H. APPEAL AFTER AN AUDIT. Must include description of each property, issues being appealed, and your opinion of value.
 - 1. Amount of escape assessment is incorrect.
 - 2. Assessment of other property of the assessee at the location is incorrect.
- I. OTHER
 - Explanation (attach sheet if necessary) _____

7. WRITTEN FINDINGS OF FACTS (\$ 60.00 per parcel)

- Are requested. Are not requested.

8. THIS APPLICATION IS DESIGNATED AS A CLAIM FOR REFUND See instructions.

- Yes No

RECEIVED
CLERK OF THE BOARD
JAN 30 2018
BOARD OF SUPERVISORS
COUNTY OF SANTA CRUZ

CERTIFICATION

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, including any accompanying statements or documents, is true, correct, and complete to the best of my knowledge and belief and that I am (1) the owner of the property or the person affected (i.e., a person having a direct economic interest in the payment of taxes on that property – "The Applicant"), (2) an agent authorized by the applicant under item 2 of this application, or (3) an attorney licensed to practice law in the State of California, State Bar Number _____, who has been retained by the applicant and has been authorized by that person to file this application.

| | | |
|---|---|------------------------|
| SIGNATURE (Use Blue Pen - Original signature required on paper-filed application) | SIGNED AT (CITY, STATE) <u>Watsonville, CA</u> | DATE <u>1-29-18</u> |
|---|---|------------------------|

NAME (Please Print)
David Ruiz

FILING STATUS (IDENTIFY RELATIONSHIP TO APPLICANT NAMED IN SECTION 1)

- OWNER AGENT ATTORNEY SPOUSE REGISTERED DOMESTIC PARTNER CHILD PARENT PERSON AFFECTED
- CORPORATE OFFICER OR DESIGNATED EMPLOYEE

NOTICE OF SUPPLEMENTAL ASSESSMENT

[For counties in which the Board of Supervisors has not adopted the provisions of section 1605(c)]



SEAN SALDAVIA
 SANTA CRUZ COUNTY ASSESSOR
 701 OCEAN STREET, ROOM 130
 SANTA CRUZ, CA 95060-4007
 www.co.santa-cruz.ca.us/asr

RECEIVED
 CLERK OF THE BOARD
 JAN 30 2018
 BOARD OF SUPERVISORS
 COUNTY OF SANTA CRUZ

DATE OF NOTICE: 12/1/2017

RUIZ DAVID & MARIBEL
 151 ONYX DR
 WATSONVILLE CA 95076

Assessor's Parcel Number: 05164312
 Situs Address: 151 ONYX DR

Date of Change of Ownership
 or Completion of New Construction: 06/10/2014

One or more supplemental assessments have been determined for the property shown above. Supplemental assessments are determined in accordance with the California Constitution, article XIII A, which generally requires a current market value reassessment of real property that has either undergone a change in ownership or is newly constructed.

As shown below, a supplemental assessment represents the difference between the property's "new base year value" (for example, current market value) and its existing taxable value. If the change in ownership or completion of new construction occurred between January 1 and May 31, two supplemental assessments are issued: one for the difference between the new base year value and the taxable value appearing on the current assessment roll, and another for the difference between the new base year value and the taxable value that will appear on the assessment roll being prepared.

If a supplemental assessment is a negative amount, the county auditor will make a refund of a portion of the taxes paid on assessments made on the current roll, or the roll being prepared, or both. A copy of the assessment roll is available for inspection by all interested parties during regular office hours.

YOUR RIGHT TO AN INFORMAL REVIEW

If you believe this assessment is incorrect, you have the right to an informal review with the Assessor's staff. You may contact the Assessor's Office for an informal review at (831) 454-2002.

| | CURRENT ROLL | | | ROLL BEING PREPARED | | |
|----------------------|----------------|---------------------|--------------------|---------------------|---------------------|--------------------|
| | EXISTING VALUE | NEW BASE YEAR VALUE | SUPPLEMENTAL VALUE | EXISTING VALUE | NEW BASE YEAR VALUE | SUPPLEMENTAL VALUE |
| LAND | 172,445 | 240,000 | 67,555 | 0 | 0 | 0 |
| IMPROVEMENTS | 114,964 | 160,000 | 45,036 | 0 | 0 | 0 |
| TAXABLE VALUE | 287,409 | 400,000 | 112,591 | 0 | 0 | 0 |
| EXEMPTIONS | | | | | | |
| HOMEOWNERS | 0 | 0 | 0 | 0 | 0 | 0 |
| OTHER | 0 | 0 | 0 | 0 | 0 | 0 |
| NET TOTAL | 287,409 | 400,000 | 112,591 | 0 | 0 | 0 |

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

Cash

OFFICIAL RECEIPT

COUNTY OF SANTA CRUZ
SANTA CRUZ, CALIFORNIA

No. **C 411283**

Date 1/30/18

Received from David Ruiz

Address 151 Onyx Dr Watsonville, CA 95076

The Sum of Thirty + 00/100 Dollars \$ 30

For APN 051-64-312

App # 163-17

AUD 32

ORIGINAL-TO PAYEE

DEPARTMENT OF OFFICE

By

C0B
A. M. Miller



County of Santa Cruz

CLERK OF THE BOARD OF SUPERVISORS

701 OCEAN STREET, SUITE 520, SANTA CRUZ, CA 95060- 4073

(831) 454-2323 FAX: (831) 454-2327 TDD/TTY: call 711

January 31, 2018

David Ruiz
151 Onyx Drive
Watsonville, CA 95076

NOTICE OF RECEIPT OF: APPLICATION FOR CHANGED ASSESSMENT

APN/ACCT. NO. **051-643-12**
APPLICATION NO. **163-17**

Dear Applicant:

This notice is to advise you that the above referenced "Application for Changed Assessment" (Appeal) has been received/filed by the Clerk of the Board of Supervisors. Please retain this notice for future reference. Please use the application number listed above for any correspondence or phone calls to either the Clerk of the Board or the Assessor's Office.

Scheduled hearings are held on Mondays, 8:30 A.M. in the Board of Supervisors' Chambers, Room 525 (5th floor), 701 Ocean Street, Santa Cruz, California.

You will be notified of the date of your hearing at least 45 days prior to that hearing.

NOTE: STATE LAW REQUIRES THAT APPEALS BE RESOLVED WITHIN 2 YEARS FROM THE DATE OF THE FILING. PROPERTY TAXES SHOULD BE PAID WHEN DUE, TO AVOID POSSIBLE PENALTIES, EVEN IF AN APPEAL HAS BEEN FILED.

If you requested written "Findings of Fact" by checking Box #7 on the application form, you must pay the Clerk of the Board of Supervisors at the commencement of your hearing. The amount is \$60.00 per parcel. This document will not be prepared for you if the funds are not received on the date of your hearing.

If you no longer wish to pursue this appeal, by withdrawing, please sign, date and return to the address at the top of this letter.

I WISH TO WITHDRAW (CANCEL) THIS APPEAL

Signature _____ Date _____

Please Print Name _____