TOWN OF HAVERSTRAW

OFFICE OF THE ASSESSOR QUESTIONNAIRE FOR THE PROPOSED ASSESSMENTS Please Print

Name of Owner or Buyer		
Daytime Telephone Number and E-mail		
Address of Property		
Property Tax Map Number		
Has a Permit Been Issued? YES NO		
If YES, what is the Permit #?		
If NO, what type of construction (New, Addition, etc.)	·	
Is the House Currently Under Construction? Yes	NO	
Number of Apartments or Accessory Units		
Describe the Style or Type of House (ex. Colonial, Ranch, Raised I	Ranch, other)	
What is the Square Footage?		
First Story	Second Story	
Half Story	Three Quarter Story	
Finished Attic	Finish Basement	
Total Finished Square Foota	ge	
If Cathedral Space, Please Provide Square Footage		
What is the Exterior? Brick, Wood, Vinyl, Stucco, other		
Number of Kitchens (including Summer Kitchens, Baking Kitchens	s, etc)	
Number of Garbage Disposal Units		

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Full Baths (Shower/Tub, Toilet and Sink	
Half Baths (Toilet and Sink Only)	
Heat Type (Hot Water, Forced Air, Other)	
Basement (Slab, Crawl Space, Partial, Half, Walk O	ut)
Number of Garages/Car Number (One Car Garage,	Two Car Garage, etc.)
If Finishing the Lower–Level Basement, Provide Sq	uare Footage and Amount of Baths:
	ect, Excluding Land Value):
	e and Structure (e.g., Pools Patios, Cabanas, etc and what
A COPY OF YO	DUR PLANS IS REQUIRED
Signature	Date