

JEFFERSON PARISH ASSESSOR'S OFFICE  
ASSESSMENT APPEAL FORM LAT 4  
COMMERCIAL BUILDINGS

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**TO BE COMPLETED BY ASSESSOR'S OFFICE**

WARD/PARCEL: \_\_\_\_\_ RECEIVED BY: \_\_\_\_\_  
ASSESSOR'S OFFICE EMPLOYEE  
DATE RECEIVED: \_\_\_\_\_

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**TO BE COMPLETED BY APPEALANT**

**SECTION 1 - INSTRUCTIONS**

Before proceeding with this form, please read the following statements:

All commercial buildings are assessed at 15% of Fair Market Value. All land is assessed at 10% of Fair Market Value.

The Jefferson Parish Assessor's Office has its rolls open for public inspection for fifteen calendar days no earlier than August 1<sup>st</sup> and no later than September 15<sup>th</sup> each year (**R.S.47:1992.1**). This is the time for you to request a review of your property assessment. After the inspection period concludes, no assessment changes can be made.

If you are not the owner of this property, please attach a completed Tax Authorization Form along with the requested information below.

Please remember, you must submit sufficient documentation to the Assessor to prove that your assessment may be incorrect. Keep in mind that even though a review of your assessment may be conducted, there is no guarantee that the Assessor will agree to a reassessment of your property. If there is more than one property to be reviewed, a separate form must be completed for each property.

Attached to this form is an additional form that must also be completed and sent to the Assessor's Office along with the other required information as outlined below.

**All** information requested on this form **must** be provided when this form is submitted to the Assessor's office. **An incomplete appeal form will be denied.**

**SECTION 2. OWNER INFORMATION**

**PLEASE PRINT**

Owners Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Phone(s): \_\_\_\_\_

**SECTION 3. PROPERTY YOU ARE APPEALING**

Name of owner as it appears on assessment roll: \_\_\_\_\_  
\_\_\_\_\_

Address of property being appealed: \_\_\_\_\_

In support of my appeal, along with this form, I have attached the following:

Appraisal: \_\_\_\_ Photos: \_\_\_\_, Letter of Explanation: \_\_\_\_, Estimates of Repairs if damaged \_\_\_\_

Other: \_\_\_\_\_ (please specify) \_\_\_\_\_

**NOTE) – In all photos, the subject property must be clearly visible and must include the entire structure as it appears from the street. Additionally, if providing interior photos of damages, these photos must include the entire room where the damage has occurred. No Xerox photos will be accepted.**

Additionally, please attach to this form detailed separate income and expense statements for this property for each of the immediately preceding two (2) calendar years.

Lastly, please list the occupancy rate of this property over the last preceding two (2) years.

(1.) Year 20\_\_ - Occupancy \_\_\_\_\_% - (2.) Year 20\_\_ - Occupancy \_\_\_\_\_%

Please provide below a brief summary of why you feel that your assessment may not be correct:

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Based on the information I have provided to the Jefferson Parish Assessor's Office, I believe that the Fair Market Value of this property is \$\_\_\_\_\_.

**I understand that failure to provide the information requested herein accurately and correctly invalidates this appeal.**

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Date

**OR**

\_\_\_\_\_  
Signature of Authorized Agent to Represent

\_\_\_\_\_  
Date

**CONFIDENTIAL:** RS 47:2327. Forms filed by a taxpayer shall be used by the assessor, the governing authority, and Louisiana Tax Commission solely for the purpose of administering this statute.

**Legal Citation & Instructions:** This report shall be filed with the assessor of the parish indicated within forty-five days after receipt, in accordance with RS 47:2324.

**LAT 4**

**REAL PROPERTY TAX REPORT – COMMERCIAL AND INDUSTRIAL**

**YEAR**

RETURN TO:  
  
**THOMAS J. CAPELLA**  
**ASSESSOR, JEFFERSON PARISH**  
 200 Derbigny Street, Suite 1100  
 Gretna, LA 70053

**FOR ASSESSOR'S USE ONLY**

**WARD**  
**ASSESSMENT NO.**  
 Permit# \_\_\_\_\_ Item# \_\_\_\_\_  
 PERSON to contact and Phone No. \_\_\_\_\_

NAME/ADDRESS

LEGAL DESCRIPTION, IF KNOWN

PLEASE CHANGE ANY INCORRECT INFORMATION & FILL IN ANY MISSING CATEGORIES

STREET ADDRESS OF PROPERTY

**SECTION 1. LAND DATA**

**ANNUAL INCOME:**

\$ \_\_\_\_\_

**MONTHLY INCOME:**

\$ \_\_\_\_\_

**AMOUNT OF INSURANCE:**

\$ \_\_\_\_\_

DIMENSIONS: FRONT \_\_\_\_\_ x \_\_\_\_\_ x \_\_\_\_\_

COST IF PURCHASED AS VACANT LAND: \$ \_\_\_\_\_

DATE OF PURCHASE: \_\_\_\_\_ ZONING: \_\_\_\_\_

LOT DATA: CORNER LOT  INSIDE LOT

LAND USE: COMMERCIAL  INDUSTRIAL

**CHECK OR FILL IN THE APPROPRIATE SPACES – USE ATTACHMENTS IF NEEDED**

**SECTION 2. BUILDING DATA**

YEAR BUILT: \_\_\_\_\_ DATE OF ACQUISITION \_\_\_\_\_ BUILDING USE: \_\_\_\_\_ TOTAL CONSTRUCTION COST \$ \_\_\_\_\_

- CLASS (TYPE OF CONSTRUCTION)**
- AUTO REPAIR
  - AUTO SALES/SERVICE
  - BANK/HMST/S&L
  - COCKTAIL LOUNGE
  - DEPARTMENT STORE
  - FUNERAL HOME
  - GYM-HEALTH CLUB
  - HOTEL
  - MANUFACTURING INDUSTRIAL
  - MEDICAL OFFICE
  - MOTEL
  - MOVIE THEATER
  - OFFICE BUILDING
  - OFFICE WAREHOUSE
  - %OFFICE \_\_\_\_\_ %WAREHOUSE \_\_\_\_\_
  - PARKING
  - RESTAURANT, DINNER
  - OTHER \_\_\_\_\_
  - RESTAURANT, FAMILY
  - RESTAURANT, FAST FOOD
  - RETAIL STORE
  - SERVICE STATION-FULL
  - SERVICE STATION-SELF
  - STRIP SHOPPING CENTER
  - SPERMARKET/GROCERY
  - WAREHOUSE

**CONDITION**

- LOW
- FAIR
- AVERAGE
- ABOVE AVERAGE
- BELOW AVERAGE
- GOOD
- VERY GOOD

**QUALITY**

- LOW
- FAIR
- AVERAGE
- GOOD
- VERY GOOD

**EXTRA FEATURES**

- ELEVATORS \_\_\_\_\_ LOAD
- OUT BUILDINGS \_\_\_\_\_
- UTILITY ROOM \_\_\_\_\_
- CARPORT \_\_\_\_\_
- GARAGE \_\_\_\_\_
- LOADING DOCK \_\_\_\_\_
- OTHER \_\_\_\_\_

**BASIC STRUCTURE**

- STEEL FRAME
- WOOD FRAME
- REINFORCED CONCRETE
- OTHER \_\_\_\_\_

**FOUNDATION**

- PILINGS
- PIERS
- RUNNING PIERS
- SLAB
- OTHER \_\_\_\_\_

**EXTERIOR WALL**

- STUCCO
- SIDING, SHINGLE OR METAL
- BRICK VENEER
- COMMON BRICK
- FACE BRICK OR STONE
- CONCRETE BLOCK
- FRONT ONLY

**PLEASE MAKE COPY FOR YOUR RECORDS  
 ADDITIONAL INFORMATION ON BACK  
 (OVER)**

<p><b>HEATING AND A/C</b></p> <p><input type="checkbox"/> FLOOR FURNACE  <input type="checkbox"/> PANEL WALL  <input type="checkbox"/> HEAT &amp; A/C  <input type="checkbox"/> RADIANT  <input type="checkbox"/> ELECTRIC  <input type="checkbox"/> CENTRAL HOT AIR  <input type="checkbox"/> SPACE  <input type="checkbox"/> CEILING  <input type="checkbox"/> WINDOW UNITS</p>	<p><b>FLOOR AREAS</b></p> <p>NO. OF FLOORS _____</p> <p>SQ. FOOTAGE PER FLOOR _____</p> <p>TOTAL SQ. FOOTAGE _____</p>	<p style="text-align: center;"><b>STYLE</b></p> <p>NO. OF STORIES _____</p> <p>SPLIT LEVEL _____</p> <p>1 ½ STORY _____</p> <p>WALL HEIGHT _____</p>	<p style="text-align: center;"><b>PARKING</b></p> <p>PARKING SPACES _____</p> <p>OPEN _____</p> <p>COVERED _____</p>
<p style="text-align: center;"><b>FLOOR COVERING</b></p> <p>CARPET _____ %</p> <p>HARDWOOD _____ %</p> <p>VINYL ASBESTOS _____ %</p> <p>FANCY STONE _____ %</p> <p>CONCRETE _____ %</p> <p>OTHER _____ %</p>	<p><b>ATTACH RECENT PHOTOGRAPH OF BUILDING</b></p>		<p style="text-align: center;"><b>PLUMBING</b></p> <p>NUMBER OF FIXTURES _____</p> <p>NUMBER OF ROUGH-INS _____</p>

**SIGNATURE AND VERIFICATION**

I declare that under the penalties for filing false reports that this return has been examined by me to the best of my knowledge and belief is a true, correct and complete return. If the return is prepared by other than the taxpayer, his declaration is based on all the information relating to the matters required to be reported in the return of which he has knowledge.

\_\_\_\_\_  
Signature of Taxpayer

\_\_\_\_\_  
Date

Phone Number Contact: \_\_\_\_\_

