

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 1 REAL PROPERTY TAX REPORT – RESIDENTIAL OR HOMEOWNER’S YEAR

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

Property Address

LEGAL DESCRIPTION, IF KNOWN

FOR ASSESSOR’S USE ONLY

WARD

ASSESSMENT NO.

Permit#

Item#

NAME/ADDRESS

SECTION 1. LAND DATA (COMPLETE APPROPRIATE PART)

PART 1. LOT DATA

DIMENSIONS: FRONT _____ x _____ x _____

COST IF PURCHASED AS VACANT LAND: \$ _____

DATE OF PURCHASE: _____ ZONING: _____

- OPEN DITCH
- SIDEWALK, CURB, GUTTER
- CURB, GUTTER

PART 2. ACREAGE DATA

TOTAL NUMBER OF ACRES _____ CONSISTING OF:

_____ CLEARED _____ TIMBER _____ MARSH _____ MISC.

COST IF PURCHASED AS VACANT LAND: \$ _____

DATE OF PURCHASE: _____

BOUNDARIES: NORTH _____ SOUTH _____

EAST _____ WEST _____

“LAND USE VALUE” APPLIED FOR: YES NO

SECTION 2. IMPROVEMENT DATA (IF MORE THAN ONE BUILDING – USE ADDITIONAL FORM)

LIVING AREA _____ SQ. FT. CEILING INSULATION: YES NO YR.BUILT: _____ DATE OF ACQUISITION: _____

TOTAL COST: \$ _____ BUILDING ONLY BUILDING & LAND NO. BATHS: FULL _____ HALF _____ ROUGH-INS _____

NUMBER OF BEDROOMS: _____ OTHER ROOMS: KITCHEN STUDY DEN LIVING RM. DINING RM. UTILITY OTHER

GARAGE _____ SQ. FT. FINISHED UNFINISHED ATTACHED TO HOUSE DETACHED FROM HOUSE 1 CAR 2 CAR 3 CAR

CARPORT _____ SQ. FT. 1 CAR 2 CAR 3 CARS OR MORE

PORCHES: NO. 1 SQ. FT. _____ COVERED UNCOVERED FINISHED CEILING UNFINISHED CEILING

NO. 2 SQ. FT. _____ COVERED UNCOVERED FINISHED CEILING UNFINISHED CEILING

PATIO: NO.1 SQ. FT. _____ COVERED UNCOVERED FINISHED CEILING UNFINISHED CEILING

NO. 2 SQ. FT. _____ COVERED UNCOVERED FINISHED CEILING UNFINISHED CEILING

BUILT IN APPLIANCES: OVEN RANGE DISHWASHER DISPOSAL REFRIGERATOR RANGE HOOD & FAN
 KITCHEN OR BATH EXHAUST FAN TRASH COMPACTOR MICROWAVE OVEN

AMOUNT OF INSURANCE: \$ _____ IF RENTED, WHAT IS RENT \$ _____ MONTH / YEAR

ARE THERE ANY FACTORS THAT MAY INCREASE OR DECREASE THE VALUE OF THIS PROPERTY? _____

IS THIS IMPROVEMENT A MOBILE HOME? YES NO

IF YES: MAKE _____ MODEL _____ COLOR _____ SERIAL NUMBER _____

**- PLEASE MAKE A COPY FOR YOUR RECORDS -
ADDITIONAL LIVEABLE IMPROVEMENTS – EXPLAIN ON BACK
(OVER)**



BUILDING DATA

TYPE	CONDITION	STORIES	QUALITY	EXTERIOR SIDING	FOUNDATION
<input type="checkbox"/> SINGLE FAMILY <input type="checkbox"/> TOWN HOUSE <input type="checkbox"/> CONDO <input type="checkbox"/> DOUBLE <input type="checkbox"/> TRIPLE <input type="checkbox"/> FOURPLEX <input type="checkbox"/> FIVEPLEX <input type="checkbox"/> TRAILER	<input type="checkbox"/> POOR <input type="checkbox"/> FAIR <input type="checkbox"/> AVERAGE <input type="checkbox"/> GOOD <input type="checkbox"/> VERY GOOD	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 ½ FINISHED <input type="checkbox"/> 1 ½ UNFINISHED <input type="checkbox"/> 2 OR OVER	<input type="checkbox"/> LOW <input type="checkbox"/> FAIR <input type="checkbox"/> AVERAGE <input type="checkbox"/> GOOD <input type="checkbox"/> VERY GOOD	<input type="checkbox"/> STUCCO <input type="checkbox"/> ASBESTOS <input type="checkbox"/> MASONRY VENEER <input type="checkbox"/> COMMON BRICK <input type="checkbox"/> FACE BRICK OR STONE <input type="checkbox"/> CONCRETE BLOCK <input type="checkbox"/> CEDAR <input type="checkbox"/> WOOD	<input type="checkbox"/> PIERS <input type="checkbox"/> CONTINUOUS <input type="checkbox"/> PIER <input type="checkbox"/> SLAB <input type="checkbox"/> _____
ROOFING	HEATING & COOLING	FLOOR COVERING	FIRE PLACES	EXTRA FEATURES	SITE DATA
<input type="checkbox"/> COMPOSITION <input type="checkbox"/> WOOD SHINGLE <input type="checkbox"/> WOOD SHAKE <input type="checkbox"/> BUILD UP TAR <input type="checkbox"/> & GRAVEL <input type="checkbox"/> SLATE OR TILE <input type="checkbox"/> TIN <input type="checkbox"/> _____	<input type="checkbox"/> FORCED AIR – GAS/ELEC. <input type="checkbox"/> SPACE <input type="checkbox"/> FLOOR OR WALL FURNACE <input type="checkbox"/> WARM & COOLED AIR <input type="checkbox"/> HEAT PUMP <input type="checkbox"/> SOLAR <input type="checkbox"/> _____	<input type="checkbox"/> CARPET _____% <input type="checkbox"/> HARDWOOD _____% <input type="checkbox"/> VINYL ASBESTOS <input type="checkbox"/> _____% <input type="checkbox"/> STONE _____% <input type="checkbox"/> OTHER _____%	NO. <input type="checkbox"/> 1 STORY SINGLE <input type="checkbox"/> 2 STORY SINGLE <input type="checkbox"/> 1 STORY DBL. <input type="checkbox"/> 2 STORY DBL.	<input type="checkbox"/> SWIMMING POOL <input type="checkbox"/> TENNIS COURT <input type="checkbox"/> ELEVATOR <input type="checkbox"/> GREEN HOUSE <input type="checkbox"/> LAWN SPRINKLER <input type="checkbox"/> BOAT HOUSE <input type="checkbox"/> PIER <input type="checkbox"/> BURGLAR ALARM <input type="checkbox"/> RADIO/INTERCOM <input type="checkbox"/> _____	<input type="checkbox"/> CONCRETE ST. <input type="checkbox"/> BLACK TOP ST. <input type="checkbox"/> SHELL/GRAV. <input type="checkbox"/> ELECTRICITY <input type="checkbox"/> PUBLIC WATER <input type="checkbox"/> GAS <input type="checkbox"/> PUBLIC SEWER <input type="checkbox"/> SEPTIC TANK <input type="checkbox"/> WATER WELL <input type="checkbox"/> _____

**ATTACH RECENT PHOTOGRAPH OF BUILDING
ADDITIONAL LIVEABLE IMPROVEMENTS – EXPLAIN**

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: _____

