

**CLAIM FOR DISABLED ACCESSIBILITY CONSTRUCTION
 EXCLUSION FROM ASSESSMENT FOR ADA COMPLIANCE**

**THIS FORM MUST BE FILED WITH THE ASSESSOR
 PRIOR TO, OR WITHIN 30 DAYS OF, COMPLETION
 OF CONSTRUCTION.**

CLAIMANT NAME		ASSESSOR'S PARCEL NUMBER	PERMIT NUMBER
ADDRESS OF DWELLING - STREET	CITY	STATE	ZIP
MAILING ADDRESS - STREET	CITY	STATE	ZIP

STATEMENTS

- As the owner of the property described herein, I completed, or will complete, construction on this property on _____, and therefore claim the construction exclusion from assessment provided by section 74.6 of the California Revenue and Taxation Code.
- I understand this exclusion from assessment is applicable only to the construction, installation, removal or modification of any portion or structural component of an existing building or structure to the extent that it is done for the purpose of making the existing building or structure more accessible to, or more usable by, a disabled person.
- I further understand this exclusion does not encompass the exclusion provided by Revenue and Taxation Code section 74.3 for owner-occupied residences and does not apply to the construction of an entirely new building or structure, or to the construction of an entirely new addition to an existing building or structure.
- The specific portions of the project that are eligible for this exclusion are: _____

THIS EXCLUSION EXPIRES UPON CHANGE OF OWNERSHIP OF THE PROPERTY

CERTIFICATION

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing statements are true and correct.

SIGNATURE OF CLAIMANT OR LEGAL REPRESENTATIVE ▶	DATE
SIGNATURE OF CLAIMANT OR LEGAL REPRESENTATIVE ▶	DATE
MAILING ADDRESS	DAYTIME PHONE NUMBER ()
CITY, STATE, ZIP	E-MAIL ADDRESS

**THE OWNER MUST SUBMIT ALL DOCUMENTS SUPPORTING THIS CLAIM TO
 THE ASSESSOR NO LATER THAN SIX MONTHS AFTER THE COMPLETION DATE
 STATED IN #1 ABOVE.**

THIS CLAIM IS A PUBLIC DOCUMENT AND IS SUBJECT TO PUBLIC INSPECTION.

FOR ASSESSOR'S USE ONLY	
<input type="checkbox"/>	RECEIVED _____
<input type="checkbox"/>	APPROVED _____
<input type="checkbox"/>	DENIED _____
REASON FOR DENIAL _____	

