

**FACT SHEET FOR PROPERTY IMPROVEMENTS**

PARCEL # \_\_\_\_\_ DATE \_\_\_/\_\_\_/\_\_\_ CORP/TWP \_\_\_\_\_

Instructions: Please check all information pertaining to your house, and feel free to offer comments below.

- On what kind of foundation is your house built? Please indicate the portion of each (excluding the garage).

SLAB                    \_\_\_ 1/4 \_\_\_ 1/2 \_\_\_ 3/4 \_\_\_ All  
 CRAWL SPACE        \_\_\_ 1/4 \_\_\_ 1/2 \_\_\_ 3/4 \_\_\_ All  
 BASEMENT            \_\_\_ 1/4 \_\_\_ 1/2 \_\_\_ 3/4 \_\_\_ All

What type of finish is in your basement? (Please check all that apply.)

Floor: \_\_\_ Tile/Linoleum \_\_\_ Carpet \_\_\_ Concrete  
 Walls: \_\_\_ Paneling \_\_\_ Drywall \_\_\_ Concrete Block  
 Ceiling: \_\_\_ Suspended \_\_\_ Drywall \_\_\_ Unfinished

What is the approximate size of any finished area in the basement? \_\_\_\_\_ x \_\_\_\_\_ or SF area \_\_\_\_\_

- What materials are on the floor of this house? (Please check all that apply.)

\_\_\_ Carpet \_\_\_ Hardwood \_\_\_ Linoleum \_\_\_ Tile  
 Other \_\_\_\_\_

- What materials are on the interior walls of this house? (Please check all that apply.)

\_\_\_ Plaster \_\_\_ Drywall \_\_\_ Fiberboard \_\_\_ Paneling  
 Other \_\_\_\_\_

- Please list the number of rooms on each floor (excluding the bathrooms).

Basement\_\_\_ First\_\_\_ Second\_\_\_ Third\_\_\_

List the number of bedrooms on each floor.

Basement\_\_\_ First\_\_\_ Second\_\_\_ Third\_\_\_

- What heat sources are in the house?

\_\_\_ Forced Air \_\_\_ Heat Pump \_\_\_ Geothermal \_\_\_ Propane  
 \_\_\_ Hot Water/Steam \_\_\_ Electric Baseboard or Ceiling  
 \_\_\_ Space Heater Only \_\_\_ Wood Stove Only \_\_\_ No Heat  
 Other \_\_\_\_\_

- Does this house have central air conditioning?

\_\_\_ Yes \_\_\_ No

- Does this house have a fireplace? \_\_\_ Yes \_\_\_ No  
 If yes, what kind? \_\_\_ Gas \_\_\_ Wood-burning  
 Other \_\_\_\_\_  
 If yes, how many fireplace openings? # \_\_\_\_\_

- How many 3-fixture (toilet, sink, and tub/shower) bathrooms does this house have? # \_\_\_\_\_

How many 2-fixture (toilet, sink) bathrooms does this house have? # \_\_\_\_\_

Are there other plumbing fixtures in this house?

\_\_\_ Laundry Tub/Sink \_\_\_ Hot Tub/Whirlpool  
 \_\_\_ Wet Bar Other \_\_\_\_\_

- What year was this house built? \_\_\_\_\_

- Was this house purchased recently? \_\_\_ Yes \_\_\_ No  
 If yes, when? \_\_\_\_\_ How much? \$ \_\_\_\_\_

- What is the street address of this house?  
 \_\_\_\_\_

- Have you remodeled/improved this house in the last 5 years? \_\_\_ Yes \_\_\_ No  
 If yes, what year? \_\_\_\_\_  
 Approximate Cost? \$ \_\_\_\_\_  
 Please list the type of work done.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- Have you removed any buildings or parts of the home recently, and when?  
 \_\_\_\_\_  
 \_\_\_\_\_

Comments: \_\_\_\_\_

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**Please return to:**  
**Shelby County Auditor**  
**3<sup>rd</sup> Floor Annex Bldg.**  
**129 E. Court St.,**  
**Sidney, OH 45365**