



City of Virginia Beach

VBgov.com

REAL ESTATE ASSESSOR
(757) 385-4601
FAX (757) 385-5727
TTY: 711

MUNICIPAL CENTER
BUILDING 18
2424 COURTHOUSE DRIVE
VIRGINIA BEACH, VA 23456-9054

Dear Property Owner:

The Real Estate Assessor's Office wants to insure that your assessment is accurate and equitable. You may wish to verify the accuracy of our description of your property or you may have information regarding your property of which we are unaware. Our Appraisal staff is available to discuss your assessment and share recent sales data from your neighborhood without requiring you to complete the attached form.

If you wish to discuss your assessment with an Appraiser, please contact us at (757) 385-4601 and select option three (3). Assessment notices are mailed @ March 1 each year. The first couple of weeks in March our phones are typically very busy. You may find it easier to contact us after that timeframe. The new assessments are effective July 1st each year with the first tax bill due the subsequent December 5th.

If you simply wish to file a Request for Reappraisal, please print and complete the attached document and mail to our office. Please include the Parcel Identification Number (GPIN) from your assessment notice and property address and a daytime phone number. Only the owner or their authorized agents may file the request. Agents must file an authorization form signed by the owner.

Sincerely,

J. D. Banagan, ASA
Real Estate Assessor



City of Virginia Beach
 Office of Real Estate Assessor
 2424 Courthouse Drive
 Virginia Beach, Virginia 23456-9054
 Telephone (757) 385-4601 Fax (757) 385-5727
 www.vbgov.com/realestate

REQUEST FOR RESIDENTIAL REAPPRAISAL

Owner: _____
 Property Address: _____
 GPIN: _____
 Subdivision: _____ District: _____
 Class Code: _____

*Appeals should be based on uniformity and/or market value.
 The amount of change from the previous year's assessment is not a legal basis for appeal.*

REASON FOR APPEAL

Assessed more than market value. Inequitably assessed regarding comparable properties.
 Is a recent appraisal being submitted? Yes No

I request the assessment on this property be compared to that of the following properties:

Address	Owner	Sale Date	Sale Price	Description

An adjustment of this assessment should be made because:

In your opinion, what is the **current market value** of this property: Land _____
 Structures _____
 Do you wish to be present when we visit your property? Total _____
 Yes No

Signature of Owner: _____
 Printed Signature of Owner: _____
 Printed Mailing Address: _____
 Telephone: Home _____ Work _____ Cell _____

You will be provided with a written notification of the results of this review. The property owner has the right to appeal the decision of the Assessor to the Board of Equalization. The B.O.E. is appointed by the Circuit Court to hear assessment appeals. If the property owner wishes to appeal to the B.O.E. after the decision of this office, then a separate application must be filed with that office before November 30th.

Please complete the reverse side of this form.

Please provide the following information to verify the accuracy of data regarding your property record:

Year Built _____ Living Area Foundation: Slab Crawl Pilings

Please indicate the percent on each floor:

Exterior Finish	1 st	2 nd	3 rd	Bsmt
Brick or Stone				
Vinyl				
Wood				
Cement Fiber Board (Hardi Plank)				
EFIS (Dryvit)				
Block				
Asbestos Shingles				
Other _____				
Total	100%	100%	100%	100%

Please indicate percent of each type:

Interior Flooring	
Carpet	
Vinyl	
Hardwood	
Tile	
Marble	
Slate	
Other _____	
	100%

Please indicate the number on each floor:

Rooms	1 st	2 nd	3 rd	Bsmt
Kitchen				
Living Room				
Dining Room				
Family Room/Den				
Great Room				
*Bedrooms				
*Other _____				
*Room Over Garage				
<input type="checkbox"/> Finished with closet; count as <i>bedroom</i> above <input type="checkbox"/> Finished without closet; count as <i>other</i> above <input type="checkbox"/> Unfinished				
Basement: _____ % Finished				
_____ % Unfinished				

Extras	
Number of fireplaces:	
Masonry _____	Steel Prefab _____
Central Air Conditioning	<input type="checkbox"/>
Built in Hot Tub	<input type="checkbox"/>
Built in Sauna	<input type="checkbox"/>
In-ground Pool	<input type="checkbox"/>
Detached Garage	<input type="checkbox"/>
Shed (over 150 sq. feet)	<input type="checkbox"/>
Dumb Waiter	<input type="checkbox"/>
Elevator	<input type="checkbox"/>
Security System	<input type="checkbox"/>
Central Vacuum System	<input type="checkbox"/>
Generator	<input type="checkbox"/>
Other _____	<input type="checkbox"/>

Please indicate the number of baths on each floor and the flooring in each:

Baths & Special Plumbing Fixtures	1 st Floor	2 nd Floor	3 rd Floor	Basement
2 Plumbing Fixture Bath				
3 Plumbing Fixture Bath				
4 Plumbing Fixture Bath				
5 Plumbing Fixture Bath				
Special Plumbing Fixtures				

Remodeling:	Year _____	Cost \$ _____
Description:	_____	
	Year _____	Cost \$ _____
Description:	_____	

Additions:	Year _____	Cost \$ _____
	Year _____	Cost \$ _____