



City of Virginia Beach

VBgov.com

REAL ESTATE ASSESSOR
(757)-385-4601
FAX (757) 385-5727
TTY 711
ASSESSOR@VBGOV.COM

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

Dear Property Owner:

Assessment notices were mailed to all property owners February 26th for the upcoming fiscal year 2021/2022, effective July 1, 2021. The fiscal year 2021/2022 assessments, by City Statute 35-27, had to be completed by January 2021. **Therefore, sales date parameters that must be used for properties citywide can only include sales through December 31, 2020.**

Our Appraisal staff is available to discuss your assessment and share sales data from your neighborhood without requiring you to complete the attached form. We want to ensure that your assessment is accurate and equitable. Please visit our website to verify the accuracy of our description of your property and contact us if there are any discrepancies. Our office will hold hearings to review your assessment upon request from **March 15 thru May 14, 2021**; please contact us at (757) 385-4601 and select option three (3).

If you simply wish to file a Request for Reappraisal, please complete the attached document, and return to our office by mail, e-mail or fax. Please include the Parcel Identification Number (GPIN) from your assessment notice, 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,

Ronald D. Agnor
City Real Estate Assessor

Enclosure



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 REAPPRAISAL

Owner: _____
 Property Address: _____
 GPIN: _____
 Subdivision: _____ District: _____
 Neighborhood: _____ Zoning: _____
 Class Code: _____ Appraiser: _____

*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:

<u>Address</u>	<u>Owner</u>	<u>Sale Date</u>	<u>Sale Price</u>	<u>Description</u>

An adjustment of this assessment should be made because:

In your opinion, what is the **current market value** of this property:

Land	_____
Structures	_____
Total	_____

****Please note that an interior/exterior inspection of the property may be necessary.**

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 August 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 200 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 \$ _____