

**CASCADE CHARTER TOWNSHIP  
ASSESSING DEPARTMENT**

**REAPPRAISAL QUESTIONNAIRE**

Property Address \_\_\_\_\_

- Exterior of Home:** Brick Stone Wood Vinyl Aluminum Cement Fiber Other \_\_\_\_\_  
(Indicate all that apply)
- Number of Bedrooms** \_\_\_\_\_ (Main Level) \_\_\_\_\_ (2<sup>nd</sup> Floor) \_\_\_\_\_ (Basement/Lower Level)
- Bathrooms** → Please indicate **NUMBER** of plumbing fixtures for **each bathroom separately**:

	Location: M=Main U=Upper L=Lower	#Sinks	#Toilets	#Bidets	Tub/Shower Combo	Walk-In Shower	Tub With Jets	Tub No Jets
<b>EXAMPLE</b>	<b>M</b>	<b>2</b>	<b>1</b>			<b>1</b>	<b>1</b>	
1 <sup>st</sup> Bath								
2 <sup>nd</sup> Bath								
3 <sup>rd</sup> Bath								
4 <sup>th</sup> Bath								
5 <sup>th</sup> Bath								
6 <sup>th</sup> Bath								
7 <sup>th</sup> Bath								

- Extra Sinks?** \*\*Do NOT include Main Kitchen Sink or Sinks Listed in Above Chart\*\* (Please indicate quantity) \_\_\_\_\_None \_\_\_\_\_Laundry/Utility Tub \_\_\_\_\_Kitchenette \_\_\_\_\_Veggie \_\_\_\_\_Wet Bar \_\_\_\_\_Other
- Fireplaces Inside or Attached to the Home:**  Gas or  Wood Burning  None  
 Number of **Single Opening** fireplaces located on **perimeter/outside** walls? \_\_\_\_\_  
 Number of **Single Opening** fireplaces located on **interior** walls? \_\_\_\_\_  
 Number of **2-way (see-thru)** fireplaces? \_\_\_\_\_  
 Number of **Freestanding** Units? (Permanent, Not Electric) \_\_\_\_\_  
 Do any of the fireplaces share the same chimney stack?  Yes  No How many? \_\_\_\_\_
- Car Storage: Please check all that apply and quantity (if more than one)**  
 \_\_\_\_\_Attached Garage(s) \_\_\_\_\_Detached Garage(s) \_\_\_\_\_Basement Garage(s) \_\_\_\_\_Carport(s)  
**Interior garage walls:** Finished? (drywall, etc.) \_\_\_\_\_ Un-Finished? (studs only) \_\_\_\_\_  
**Storage area above the garage?**  Yes (\_\_\_\_\_sq. ft.)  No  
 Access by:  Drop Stair  Permanent Staircase  Ladder
- Basement:** Is there a basement under your entire house?  Yes  No  
 If NO, what area (location) is **not** basement? \_\_\_\_\_(Behind Garage? Etc.)  
 Is it \_\_\_\_\_**crawl space** (limited access below) \_\_\_\_\_**slab** (no access below) \_\_\_\_\_**piers** (on posts, open below)?  
 Do you have **walkout exits** from the basement?  Yes  No If YES, how many exits? \_\_\_\_\_
- Basement Finish:** Is any of your basement finished?  Yes  No  
 If YES, how much? \_\_\_\_\_sq. ft. OR \_\_\_\_\_% Type of finish? \_\_\_\_\_**Drywall** \_\_\_\_\_**Paneling**  
 Has any basement finish been Added  or Removed  in the past 7 years?  Yes  No

**continued on other side...**

9. **Porches:** *Check those applicable*

- Covered porch (**Floor:** \_\_\_ concrete \_\_\_ wood \_\_\_ brick)
- Concrete platform porch
- Glass enclosed porch (**Floor:** \_\_\_concrete \_\_\_wood) (Heated? \_\_\_yes \_\_\_no)
- Screen enclosed porch (**Floor:** \_\_\_concrete \_\_\_wood)
- Breezeway (\_\_\_Heated \_\_\_Not Heated)
- Deck (\_\_\_treated wood \_\_\_cedar \_\_\_composite \_\_\_vinyl)
- Patio (\_\_\_concrete \_\_\_paver or brick \_\_\_blocks \_\_\_stone)

10. **Other Amenities:** *Check all items that you have.*

- Public Water    Public Sewer    Well    Septic
- Central air conditioning
- Intercom (If installed in home, whether used or not)
- Hardwired Security system (If installed in home, whether subscribed to a service or not)
- Central vacuum system (If installed in home, whether used or not)
- Sauna (**Permanently Fixed Only**)
- Hot tub (**Permanently Fixed Only**) \_\_\_inside \_\_\_outside \_\_\_built in pool
- Swimming pool (**Inground Only**) \_\_\_inside \_\_\_outside
- Sport court (Tennis, Basketball, Other)
- Shed
- Pole building/Barn (Finished/Living Area? \_\_\_yes \_\_\_no) (Heated? \_\_\_yes \_\_\_no)
  - Storage **Room/Loft** Above? \_\_\_yes \_\_\_no, Approx. square footage \_\_\_\_\_

**\*\*\*If any previously installed items have been removed in the last seven years please make additional notes here:**

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11. We will be in your neighborhood to update house photos from the street. If there is obstructed view, may we pull into your driveway for a better picture? \_\_\_yes \_\_\_no

12. **Please sign, date, and provide contact information so that we may contact you if we have questions.**

\_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone \_\_\_\_\_  
Print Name of Person Completing Questionnaire

Signature \_\_\_\_\_ Email: \_\_\_\_\_  
(If Preferred Contact)

***Thank you for your participation.***

If you have any questions, please call (616) 949-6176

*Please return this form in the provided return envelope to:*

**Cascade Township Assessing Department 2865 Thornhills Ave. SE Grand Rapids, MI 49546**

***\*\*\*Please note that staff from the Cascade Township Assessing Department will be in your neighborhood to update photos. The staff has identification which will be provided upon request and will be in clearly marked vehicles with the Cascade Township logo displayed on the doors.\*\*\****

***THANK YOU FOR YOUR HELP!!!***