CASCADE CHARTER TOWNSHIP
ASSESSING DEPARTMENT

REAPPRAISAL QUESTIONNAIRE

Property Address (if different from above) _____

1. **Exterior of Home**:   Brick   Stone   Wood   Vinyl   Aluminum   Cement Fiber   Other _____
   (Indicate all that apply)

2. **Number of Bedrooms** _____ (Main Level)   _____ (2nd Floor)   _____ (Basement/Lower Level)

3. **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
EXAMPLE	*M*	*2*	*1*			*1*	*1*	
1st Bath								
2nd Bath								
3rd Bath								
4th Bath								
5th Bath								
6th Bath								
7th Bath								

4. **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

5. **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? ____

6. **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

7. **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? ____

8. **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 into 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:

_____

11. We will be in your neighborhood to update house photos from the street. If there is obstructed view, we may pull into the driveway to take a front photo of the house only.

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 return envelope provided to:

Cascade Township Assessing Department 5920 Tahoe Dr 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!!!