

NEBRASKA CASS COUNTY ASSESSOR'S OFFICE

145 N 4th St, Plattsmouth, NE 68048 · 402-296-9310 · www.cassne.org

OWNER NAME _____

PROPERTY ADDRESS _____

PROPERTY REVIEW QUESTIONNAIRE

INSTRUCTIONS:

Please answer the following questions by circling the answer or answers that best represents your property currently and write in any other information requested.

ROOF:	Have you had a new roof put on?	Yes	No
	If Yes, when? _____		
	Type (circle what applies)	Asphalt/Composit Shingles	Steel/Metal
		Other _____	Tile
EXTERIOR/SIDING:	Have you had new siding/exterior work done?	Yes	No
	If Yes, what was done and when? _____		

WINDOWS:	Have you had new windows put in?	Yes	No
	If Yes, when? _____		
BASEMENT FINISH:	Does the basment have any of the following? (Circle all that apply & give approximate square footage of room)		
	_____ Ceiling cover	_____ Large, open finished room	
	_____ Floor cover	_____ Partitioned Room (family room, bedroom, laundry or bathroom, etc.)	
	_____ Painted Walls (concrete block or poured)	_____ Kitchen _____ Apartment	
	_____ Drywall	_____ Other, specify _____	
	_____ Paneling	_____	
Comments:	_____ _____		
GARAGES:	Have you finished your garage? (drywall & ceiling finish)	Yes	No
DECKS/PATIOS:	Have you changed or added on any porches, patios or decks?	Yes	No
	If Yes, explain including size: _____		

CONTINUED ON BACK

MISCELLANEOUS: Have you added any of the following on this property? Give size.

Garage: Attached _____ Detached _____ Carport _____

Shed _____ Barn _____ Other building(s) Explain _____

List buildings removed, the size and when: _____

REMODELING: Have you had any remodeling since the home was built? Yes No

If yes, when and what was remodeled? _____

Have updates been made to the home? Yes No

If yes, when and what was updated? _____

HEATING & COOLING:

_____ Forced Air	_____ Hot Water, Baseboard
_____ Central Air Conditioning	_____ Hot Water, Radiant
_____ Heat Pump	_____ Gravity Furnace
_____ Warm & Cooled Air	_____ Other, specify _____

How many bedrooms *above* grade do you have in your home? (circle one) 5 4 3 2 1

How many bedrooms *below* grade (with egress window)? 5 4 3 2 1

BATHROOMS:

How many bathrooms do you have in your home? _____

Specify the number of each: _____ Showers? _____ Tub/Shower Combination?
 _____ Bathtubs? _____ Sinks?

Additional Fixtures: (please write in number) Kitchen sinks? _____ Laundry sinks? _____
 Water heaters? _____ Wetbars? _____

Number of Fireplaces: _____ Direct Vent _____ Wood burning _____

ADDITIONAL INFORMATION ON RESIDENCE OR COMMENTS: _____

Date _____ Signature _____ Phone _____