

COMMERICAL APPEAL FORM- REAL PROPERTY

CHEROKEE COUNTY ASSESSOR

110 RAILROAD AVENUE, GAFFNEY, SC 29340

ASSESSOR@CHEROKEECOUNTYSC.GOV

(864) 487-2552

Tax Year	Appeal Filed by Owner		Appeal Filed by Agent		Agents cannot file an appeal without proper documentation						
Owner Name	and Maili	ng Address									
Daytime Phone Number (8:30 AM to 5:00 PM)					Email:						
MAP Number			Physical A	Address		Protested Value Yo					
Note: Additional Map Numbers require a new appeal form to be completed and timely filed with the Assessor											
		Heating/Co	oling System			Finished Basement SF Unfinished Basement					
Filing an appeal does not extend the time to pay taxes. The amount due must be timely paid to avoid penalties and interest											
The appeal must contain a statement of facts and documents supporting the taxpayer's position, reasons for the appeal, and opinion of market value (please attach all supporting documents).											
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Complete the Income and Expense Statement on page 2 (attach a copy of all signed lease agreements).											
Certification and Signature											
I certify under penalty of perjury under the laws of the State of S.C. that all information, including any accompanying statements, documents, income and expense information is true and correct to the best of my knowledge and belief. I understand that filing an appeal does not extend the time to pay taxes and that the taxes must be paid to avoid penalties and interest. I understand that the effective date of the assessor's value is 12/31/2021 unless an Assessable Transfer of Interest (ATI) as occurred. I understand that an agent cannot assume the fiduciary and other legal responsibilities including, the filing of an appeal, without proper documentation signed by the current owner. I understand that written appeals must be timely filed with the Assessor. Signed by (please check one): Owner: Agent:											
Signature:				Print 1	Name:						
Date Signed:											

RETAIL PROPERTIES Income and Expense Statement (attach copy of all signed lease agreements)													
Owner(s) Name:													
Map Number:													
Property T Restaurant	Type: (Ex. Fast Food	Tenant Name & Physical	Address	Monthly	Annual Rent	Total		Rent P/SF					
Restauran	<u>., </u>			Rent	Kent	Sq. ft.	F/S	· F					
Annual Income													
	Potential Gross Income	\$			1								
	Less Vacancy and Collection		\$		2								
	Miscellaneous income	\$			3								
4. E	EFFECTIVE GROSS INCO	\$	\$		4								
Expenses	5												
5. N	Management Fees	\$	\$										
	Payroll	\$			6								
	Administrative (Advertisin	\$			7								
	Jtilities	\$			8								
	Repairs	\$			9								
	Grounds Maintenance (Trans	\$	\$		10								
	anitorial and Building Mai Reserves for Replacements		\$		11								
	nsurance Plans	\$			13								
	Other Expenses (please exp	\$			14								
	Real Estate Taxes	\$			15								
16. T	Tangible Personal Property	\$			16								
17. C	Other Taxes	\$			17								
18. T	Total Expenses	\$			18								
19. N	NET OPERATING INCOM	\$	\$		19								
20.	Capital Expenditures (pleas	\$	\$		20								
Submitted	by (please print)	Phone No.).	Email	 	Date		_					