



FRANKLIN COUNTY AUDITOR'S OFFICE COMMERCIAL SURVEY

Please complete and return this survey by **January 31, 2022** to appraisal@franklincountyohio.gov or Franklin County Auditor, ATTN: Appraisal, 373 S High St, Floor 20, Columbus, OH 43215

Note: For the purpose of data collection, only owners of commercial and industrial property with a current appraised value of \$250,000 or greater are being asked to complete this survey.

Questions? Please contact the office at (614) 525-HOME (4663) or appraisal@franklincountyohio.gov

PROPERTY DATA FOR THE BUILDING(S) AT: _____

OWNER: _____

PARCEL ID: _____ MAP ROUTING _____

MARKET SALE DATA

PLEASE ONLY LIST SALES FROM THE LAST THREE YEARS

PURCHASED THE PROPERTY FOR: \$ _____ YEAR _____ PROPERTY IMPROVEMENTS: BUILDING(S) YES NO LAND SIZE IF KNOWN: _____ ACRES

PLEASE INDICATE THE AMOUNT, IF ANY, OF THE PURCHASE PRICE PAID FOR CONSIDERATIONS OTHER THAN REAL ESTATE.

ITEMS: _____ \$ _____

FINANCING TERMS:

AMOUNT MORTGAGE \$ _____ MORTGAGE TERM _____ YRS MORTGAGE INTEREST _____ %

COST DATA

PLEASE ONLY LIST COSTS FROM THE LAST THREE YEARS

ARCHITECTURAL PLANS & FEES, BUILDERS OVERHEAD AND PROFIT \$ _____

SITE PREPARATION, UTILITY SERVICES, AND OTHER IMPROVEMENTS \$ _____

BUILDING COSTS, INTERIOR & EXTERIOR, MECHANICALS, AND LABOR \$ _____

PLEASE DO NOT INCLUDE LAND ACQUISITION COST OR ANY OTHER NON-REAL ESTATE ITEMS

LIST BUILDING ADDITION COSTS \$ _____

LIST ANY LAND ITEM COSTS SUCH AS PAVING, FENCING, & SHEDS \$ _____

TOTAL BUILDING IMPROVEMENTS COST \$ _____ YEAR _____

MAJOR REHABILITATION & REMODELING

PLEASE DO NOT INCLUDE DEFERRED MAINTENANCE ISSUES, ONLY CAPITAL IMPROVEMENTS REHAB & MAJOR REMODELING.

YEAR _____ DESCRIPTION _____ COST _____

OTHER DATA & COMMENTS

(FOR QUESTION PURPOSES)

SUBMITTED BY _____ TELEPHONE _____ EMAIL _____

INCOME & EXPENSES

COMMERCIAL & INDUSTRIAL PROPERTY DATA

PROPERTY NAME _____	MULTIPLE BUILDINGS? <input type="checkbox"/> Y <input type="checkbox"/> N	PART O/OCC <input type="checkbox"/> Y <input type="checkbox"/> N
PROPERTY USE _____	HOW MANY? _____	PART LEASED <input type="checkbox"/> Y <input type="checkbox"/> N
YEAR BUILT _____	SINGLE TENANT RENTED <input type="checkbox"/> Y <input type="checkbox"/> N	CURR OCC RATE _____ %
YEAR REMODELED _____	MULTI-TENANT RENTED <input type="checkbox"/> Y <input type="checkbox"/> N	LAST YEAR _____ %
TOTAL GROSS SF AREA _____	# TENANTS _____	
TOTAL NET RENTABLE AREA _____	ALL OWNER OCCUPIED - THESE SECTIONS DO NOT NEED FILLED OUT	

PROPERTY REVENUE

EXAMPLES OF PROPERTY TYPES: OFFICE, RETAIL, AUTO SVC, WAREHOUSE, STORAGE, IND SHOP, MANUFACTURING, MIXED USE

FLOOR LEVEL	TENANT NAME	PROPERTY TYPE	LEASED SF AREA	RENTAL MONTHLY OR ANNUAL	LEASE START	LEASE EXPIRE

TENANT PAYS

UTILITIES Y N
 INSURANCE Y N
 REAL ESTATE TAXES Y N
 CAM CHARGE Y N
 \$ _____

TOTAL GROSS OR NET INCOME

PARTIAL, HOW MANY MONTHS _____

2019 \$ _____
 2020 \$ _____
 2021 \$ _____

PROPERTY EXPENSES (ALL PROPERTY TYPES)

(MOST CURRENT YEAR REPORTED)	
ADMINISTRATIVE: PROPERTY MANAGEMENT \$ _____ GENERAL ADMINISTRATIVE \$ _____ ADMINISTRATIVE PAYROLL \$ _____ ADVERTISING & OTHER \$ _____ TOTAL ADMIN EXPENSES \$ _____ UTILITIES: WATER/SEWER \$ _____ ELECTRIC HEAT \$ _____ GAS HEAT \$ _____ OTHER \$ _____ TOTAL UTILITIES \$ _____	PROPERTY MAINTENANCE: GENERAL MAINT. & REPAIRS \$ _____ JANITORIAL & GROUNDS \$ _____ MAINTENANCE PAYROLL \$ _____ OTHER MAINT. EXPENSES \$ _____ TOTAL PROP MAINTENANCE \$ _____ FIXED PROPERTY EXPENSES: REAL ESTATE TAXES \$ _____ PROPERTY INSURANCE \$ _____ RESERVES/REPLACEMENT \$ _____ OTHER \$ _____ TOTAL FIXED EXPENSES \$ _____

SUBMITTED BY _____ TELEPHONE _____ EMAIL _____

APARTMENTS, HOTEL/MOTEL, SELF STORAGE & OTHER

APARTMENTS GROSS REVENUE				HOTEL/MOTELS			
NAME _____				NAME _____			
UNIT TYPE #UNITS MONTHLY RENTAL				FRANCHISE _____			
EFF/STUDIO _____ \$ _____				TYPE _____ # ROOMS _____			
1 BDRM 1 BATH _____ \$ _____				AMENITIES			
1 BDRM 1 BATH _____ \$ _____				Yes No Yes No			
2 BDRM 1 BATH _____ \$ _____				REST/LOUNGE ? CONF FACILITIES ?			
2 BDRM 1 BATH _____ \$ _____				POOL ? LTD FOOD SVC			
2 BDRM 1.5 BATH _____ \$ _____				ONSITE PKG? (BREAKFAST) ?			
2 BDRM 1.5 BATH _____ \$ _____				PKG GAR? NONE?			
2 BDRM 2 BATH _____ \$ _____				CURRENT RACK RATES			
2 BDRM 2 BATH _____ \$ _____				SINGLE \$ _____ DOUBLE \$ _____ SUITE \$ _____			
2 BDRM 2.5 BATH _____ \$ _____				OCCUPANCY, REVENUE, MOST CURRENT YEAR			
2 BDRM 2.5 BATH _____ \$ _____				CURRENT OCC _____ % LAST YEAR _____ %			
3 BDRM 1 BATH _____ \$ _____				ADR \$ _____ REVPAR \$ _____			
3 BDRM 1 BATH _____ \$ _____				FOOD BEV & OTHER REV \$ _____			
3 BDRM 1.5 BATH _____ \$ _____				DEPARTMENT EXPENSES			
3 BDRM 2 BATH _____ \$ _____				ROOMS EXP \$ _____ OTHER \$ _____			
__ BDRM __ BATH _____ \$ _____				FOOD BEV & OTHER EXP \$ _____			
__ BDRM __ BATH _____ \$ _____				FRANCHISE FEE _____ MGMT FEE _____			
__ BDRM __ BATH _____ \$ _____				COMMENTS: _____			
__ BDRM __ BATH _____ \$ _____				_____			
CURRE OCC _____ % LAST YEAR _____ %				SELF STORAGE			
TOTAL SQ FT LIVING AREA _____ SF				NAME _____			
TOTAL UNITS _____ APT STYLE _____				YR BLT _____ #UNITS _____ #BLDGS _____			
OTHER INCOME:				AVE UNIT SIZE _____ AVE \$/MONTH _____			
DETACHED GARAGE # _____ \$/M				REVENUE AT 100% OCC \$ _____			
ATTACHED GARAGE # _____ \$/M				CURRENT OCC _____ % LAST YEAR _____ %			
CARPORT # _____ \$/M				# CLIMATE CONTROLLED UNITS _____			
FIREPLACE # _____ \$/M				CURR GROSS INCOME \$ _____			
STORAGE SPACE # _____ \$/M				LAST YEAR GR INCOME \$ _____			
TYPE OF APT: Yes No TENANT PAYS: Yes No				OTHER INCOME \$ _____			
MARKET RATE WATER/SEWER				COMMENTS: _____			
SUBSIDIZED TRASH				_____			
LOW INCOME TAX CREDIT GAS HEAT				_____			
INDEPENDENT LIVING ELECTRIC HEAT				_____			
ASSISTED LIVING CABLE/INTERNET				_____			
AMENITIES: Yes No Yes No				OTHER PROPERTY NOTES & COMMENTS			
HVAC HEALTH CLUB				_____			
POOL/CLUB HSE ELEVATOR				_____			
ROOM WASHER/DRYER OTHER				_____			
_____				_____			
_____				_____			
_____				_____			
_____				_____			
_____				_____			
SUBMITTED BY _____				TELEPHONE _____			
_____				EMAIL _____			