

COMMERCIAL APPEAL

State of Illinois – Property Tax Appeal Board (PTAB)

Assessment Year _____ (Complete)

See page 5 for instructions; also, information on how to complete this form can be found at www.ptab.illinois.gov

Section I

HEARING OPTIONS -- If neither box is checked, your appeal may be decided based on the evidence submitted. PLEASE CHECK ONE:

I would like the PTAB to determine the correct assessment based on the evidence submitted. (This **may** expedite resolution of the appeal.)

I would like to present my case in person at a hearing. (Note: Location, date, and time will be determined by the PTAB.)

Section II

Appellant (Taxpayer or Owner) Information

Last Name _____
 First Name _____
 Address Line 1 _____
 Address Line 2 _____
 City _____
 State _____ ZIP _____
 Telephone _____
 Email Address _____

Attorney for Appellant

Last Name _____
 First Name _____
 Firm Name _____
 Address Line 1 _____
 Address Line 2 _____
 City _____
 State _____ ZIP _____
 Telephone _____
 Email Address _____

1a Petition is hereby made to appeal for property located in _____ County from:

a) The final, written decision of the County Board of Review dated _____ or
 transmittal date of _____ (Cook County only).

OR

b) The favorable decision of the Property Tax Appeal Board (PTAB) dated _____.

2a Parcel Number _____ Township _____
 Address of property _____

2b If appellant is other than an owner, give name and address of owner. Name _____
 Address Line 1 _____ Address Line 2 _____
 City _____ State _____ ZIP _____

2c Assessment(s) of the property for the assessment year by parcel number: Multi-Parcel Appeal
 (Use the "Addendum to Petition" form for multiple parcels found at www.ptab.illinois.gov along with *special instructions if 50 parcels or more.*)

1. Board of Review or Assessor Assessment: Land _____ Impr./Building _____ Total _____
2. Appellant Assessment Request: Land _____ Impr./Building _____ Total _____

ALWAYS complete lines 1 and 2 above for the assessment year being appealed. Line #1 information is available from the Supervisor of Assessments/County Assessor or the Board of Review offices, or may be on the Notice itself.

2d This appeal is based on the following evidence (you **must** check all applicable boxes):

- | | |
|---|---|
| <input type="checkbox"/> Recent sale – complete Section IV | <input type="checkbox"/> Assessment equity – complete Section V |
| <input type="checkbox"/> Comparable sales – complete Section V | <input type="checkbox"/> Recent construction – complete Section VI |
| <input type="checkbox"/> Contention of law – submit legal brief | <input type="checkbox"/> Recent appraisal (enclose complete copy(s) of the appraisal) |

Evidence:

- I certify this completed form along with enclosed evidence completes my appeal filing **OR**
 I hereby request an extension of time to submit my evidence. Days requested: _____

2e Date _____ Signature _____
Attorney or Appellant only

NOTE: IF AN APPRAISAL IS SUBMITTED SECTION III DOES NOT NEED COMPLETED.

Section III – Description of Property

Land Size (indicate square feet or acres): _____

Number of Buildings: _____ Building Size (square feet): _____

Number of Floors: _____ Square Footage per Floor: _____

Construction: Frame Brick Steel Other: _____

Basement: Yes No Basement Use: _____

Other Improvements: _____

List the use of the building and the square footage attributable to that use:

Office Space: Yes No Square Footage: _____

Warehouse: Yes No Square Footage: _____

Apartments: Yes No Number of Apartments: _____

Retail: Yes No Square Footage: _____

Other: _____ Square Footage: _____

If there is more than one building on this parcel, provide the following information:

Building #1 Age _____ Size _____ Use _____

Building #2 Age _____ Size _____ Use _____

Building #3 Age _____ Size _____ Use _____

Section IV – Recent Sale Data

Generally, the price of a recently sold property is considered the best evidence of value. The more proximate in time the sale occurs to the assessment date of your appeal, the more relevant the evidence becomes in establishing the market value of the property.

SUBMIT DOCUMENTATION of the actual sales price (*submit copies of all that are available*) including a sales contract, Real Estate Transfer Declaration, listing data sheet, listing history, and Settlement Statement.

Answer all questions.

Full consideration (sale price): \$ _____ Date of sale: _____

Name of seller: _____

Is the sale of this property a transfer between family members or related corporations? Yes No

Sold by: Owner Realtor Auction Other: _____

Name of realty firm: _____ Agent: _____

Was the property advertised for sale? Yes No How long a period? _____

If so, in what manner? local paper multiple listing other: _____

Was this property sold due to a foreclosure action? Yes No

Was this property sold using a contract for deed? Yes No If yes, specify the date the contract was entered: _____

If renovated, amount spent before occupying \$ _____ Date occupied: _____

Section V – Comparable Sales/Assessment Grid Analysis

As an alternative, an appraisal establishing the fair market value of the subject property under appeal as of the assessment date may be submitted. **(Note: If a hearing is held in the case, the PTAB will be better able to judge the weight and credibility of the appraisal if your appraiser testifies in person.)**

Comparable Sales: Provide at least three recent sales of property comparable to the subject property. Complete the entire grid analysis (except assessment data). Include dates of sale and prices paid. Submit a property record card and/or listing sheet of each sale. (Note: Comparable sales should be similar to the subject property in location, size, design, age, and amenities.)

Assessment Equity: Provide at least three properties similar to the subject property and include the assessment of each property for the assessment year on appeal. Complete the entire grid analysis (except sale data). Submit a property record card for each property. (Note: Assessment comparables should be similar to the subject property in location, size, design, age, and amenities.)

In addition to the above instructions, print additional blank copies of the next page and renumber columns if submitting more than nine comparable properties. All comparables should be similar to the subject in location, size, design, age, and amenities. Photographs should be submitted if they aid in explaining the appeal.

| | Subject | Comp #1 | Comp #2 | Comp #3 | Comp #4 |
|---|---------|---------|---------|---------|---------|
| Property Index Number (P.I.N.) | | | | | |
| Address | | | | | |
| Proximity to Subject | | | | | |
| (Cook County) Assessment Class | | | | | |
| (Cook County) Volume | | | | | |
| Total Land Sq. Ft. | | | | | |
| Total Building Sq. Ft. | | | | | |
| Age of Building(s) | | | | | |
| Land-to-Building Ratio | | | | | |
| Number of Buildings | | | | | |
| Number of stories | | | | | |
| Number of Apartments | | | | | |
| Apartment Mix | | | | | |
| Exterior Construction | | | | | |
| Sprinkler System | | | | | |
| Office Space Sq. Ft. | | | | | |
| Warehouse Sq. Ft. | | | | | |
| Date of Sale | | | | | |
| Sales Price | | | | | |
| Sales price / Sq. Ft. (Sales price / bldg.. size) | | | | | |
| Land Assessment | | | | | |
| Improvement Assessment | | | | | |
| Total Assessment | | | | | |
| Impr. Assessment per Sq. Ft. (Impr. Assessment / Bldg. Sq. Ft.) | | | | | |

Section V – Comparable Sales/Assessment Grid Analysis Additional Page

| | Comp #5 | Comp #6 | Comp #7 | Comp #8 | Comp #9 |
|--|----------------|----------------|----------------|----------------|----------------|
| Property Index Number (P.I.N.) | | | | | |
| Address | | | | | |
| Proximity to Subject | | | | | |
| (Cook County) Assessment Class | | | | | |
| (Cook County) Volume | | | | | |
| Total Land Sq. Ft. | | | | | |
| Total Building Sq. Ft. | | | | | |
| Age of Building(s) | | | | | |
| Land-to-Building Ratio | | | | | |
| Number of Buildings | | | | | |
| Number of stories | | | | | |
| Number of Apartments | | | | | |
| Apartment Mix | | | | | |
| Exterior Construction | | | | | |
| Sprinkler System | | | | | |
| Office Space Sq. Ft. | | | | | |
| Warehouse Sq. Ft. | | | | | |
| Date of Sale | | | | | |
| Sales Price | | | | | |
| Sales price / Sq. Ft. (Sales price / bldg.. size) | | | | | |
| Land Assessment | | | | | |
| Improvement Assessment | | | | | |
| Total Assessment | | | | | |
| Impr. Assessment per Sq. Ft. (Impr. Assessment / Bldg. Sq. Ft.) | | | | | |

Section VI – Recent Construction Information

Submit evidence of recent construction of the subject property including the price paid for the land, construction costs of the building(s), and include all labor costs. Include the complete and final statement from the general contractor. NOTE: If the appellant provided any labor or acted as the general contractor, evidence of the value of this service must be included with the evidence of the other construction costs.

The building was constructed, or remodeled, an addition added, or other building erected on _____.

Date Land Purchased: _____

Total Cost: Land \$ _____ Improvement(s)\$ _____

Does this amount include all costs incurred for the construction, such as contractor's fees, architectural or engineering fees, landscaping and/or building permits? Yes No

Date the occupancy permit was issued. (Submit copy(s) as directed.): _____

Date the building was inhabitable and fit for occupancy or intended use: _____

Date the remodeling was completed: _____

Date the addition or other building(s) was completed: _____

Did owner, or a member of the owner's family, act as the general contractor? Yes No

If yes, what was the estimated value of the service? \$ _____

Was any non-compensated labor performed? Yes No

If yes, please describe and provide estimated value of labor. _____

Note: A Contractor's Affidavit/Statement or documentation of the total cost must be submitted to the Property Tax Appeal Board.

Section VII – Recent Photograph(s) of Subject Property and Comparable Properties

If it aids in explaining the appeal, you may attach photographs of the subject property and comparable properties.

File completed appeal form with documentation postmarked within 30 days of the date of the final board of review decision OR within 30 days of the date of the favorable PTAB decision.

Assessment Year appeals BEFORE 2016: submit 3 copies of completed form; 2 copies of board of review final decision OR 2 copies of a favorable prior PTAB decision; and 2 copies of all evidence. *For assessment changes of \$100,000 or more, submit all evidence in triplicate.*

Assessment Year appeals for 2016 and AFTER: submit 1 copy EACH of completed form; board of review final decision OR a favorable prior PTAB decision; and all evidence. *If the total documentation is 500 pages or more, you must submit three collated sets of the documents.*

Mail or hand deliver completed appeal to:
Room 402 Stratton Office Building
401 South Spring Street
Springfield, IL 62706-4001
(T) 217.782.6076
(TTY) 800.526.0844

Only for hand-delivery of completed appeal:
Suburban North Regional Office Facility
9511 West Harrison Street, Suite LL-54
Des Plaines, IL 60016-1563
(T) 847.294.4121