



GOVERNMENT OF ST. LUCIA

INLAND REVENUE DEPARTMENT

Valuation form for Commercial Property

**PROPERTY
OWNER**

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**NAME OF PERSON
IN POSSESSION**

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NIS:

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DESCRIPTION OF LAND

Survey Plan No. _____ Block/Parcel No.: _____

Area of Site: _____

Location: _____ Configuration: _____

Topography:: _____

Distance From :
Public Road: _____

Main Road: _____

Nearest Town: _____

Public Schools _____

Describe access _____

NORTH:: _____

SOUTH: _____

EAST: _____

WEST: _____

DESCRIPTION OF BUILDINGS

No. of storeys: _____

Workmanship:

Excellent: [] Very good: [] Good: [] Fair: []
Poor: [] Very Poor: []

Photo of building to be enclosed in this document

Services

Electricity _____ Water _____

Water storage _____ Air conditioning _____

Telephone _____ Sewage Disposal _____

Other _____

Rainwater Disposal

Gutters _____ Down pipe _____

Storm drains _____

State of Repair :

Excellent: [] Very good: [] Good: [] Fair: []

Poor: [] Very Poor: []

Area of building: _____

Age of Building: _____

Defects noted _____

Zoning.: _____

Present Use of
the property: _____

Nature of Property: Industrial/Commercial/Agricultural/Mixed

Other _____

Use of adjacent properties: _____

Value of Properties in
Area/development _____

AREA ANALYSIS _____

METHODS OF VALUATION:

Income _____

Sales Comparison _____

Cost _____

Other: _____

OPEN MARKET VALUE OF PROPERTY: _____

DATE OF VALUATION & SITE VISIT: _____ DATE OF REPORT: _____

NAME OF VALUATION SURVEYOR (PRINT) : _____

NIS # _____ Accreditation /Reg.# _____

Mailing Address _____

Certification by Valuation Surveyor

I hereby certify that the above valuation was carried out in accordance with internationally recognised valuation practices and standards, and that the value of the interest stated above is fair and truly representative of current market trends and conditions.

SIGNATURE: _____

Declaration by Property Owner/occupier

I hereby declare that I have understood the purpose of the above valuation and that I may be called by the Inland Revenue Department to assist during the review process of this valuation. I further declare the I am in general agreement with the value stated by the Valuation Surveyor and that I have made no attempt to unduly influence the outcome of this valuation

SIGNATURE OF PROPERTY OWNER _____

NIS # _____ Mailing Address _____

NB: The Valuations Surveyor completing this form must be a member of the Local Association or other approved accredited institute