

	F&A – Property Income Questionnaire – Service Stations – 2024 Reassessment	Finance & Administration
Property Income Questionnaire – Service Stations – 2024 Reassessment		
Account Information		SECTION 1
Tax Map Number _____ Property Address _____ Owner Name _____ If owner occupied, please indicate: Yes No Note: If the property is 100% owner occupied (no rental units), Sections 4, 7, 11, and 12 can be omitted.		
Building Information		SECTION 2
Year Built _____ Year Renovated _____ Commercial Area (sq. ft) _____		
Property Sale and Appraisal Information		SECTION 3
Has the property been sold in the last five years: Yes No If yes, please provide: Sale Date _____ Sale Price _____ Has the property been listed for sale in the last five years: Yes No If yes, please provide: List Date _____ List Price _____ Has the property been appraised in the last five years (see below): Yes No Note: If an appraisal has been completed on the subject property within the last 5 years, please forward a copy of the report with this submission. If an appraisal has not been completed within the last 5 years complete the following declaration: I hereby declare that there has not been an appraisal completed for any purpose on this property in the past five years. Print Name _____ Date _____ Signature _____		
Financial Information – Revenue		SECTION 4
Details are to be provided by Owners for each of the two (2) years 2020 and 2021 for fiscal or operating year end. A copy of the Statement of Operations (the Income and Expense portion of the Annual Financial Statements) must accompany this form upon submission. <i>*Please also include rental info in Sections 11 and 12.</i>		

F&A – Property Income Questionnaire – Service Stations – 2024 Reassessment		Finance & Administration
Financial Information – Revenue continued		SECTION 4
Details are provided for: Fiscal Year Ending Operating Year Ending Please provide year end date _____		
Operating Income for Fiscal or Operating Year Ending		
	2020	2021
Rental Revenue		
Recovery Income		
Overage/Percent Rent Income		
Other Income (please specify: _____)		
Total Gross Income Collected		
Financial Information – Expenses		SECTION 5
Operating Expenses for Fiscal or Operating Year Ending		
	2020	2021
Management		
Administration		
Utilities (Heat & Light)		
Waste Removal		
Repairs and Maintenance		
Landscaping, Parking & Snow Removal		
Security		
Professional Fees – Legal & Audit		
Property Insurance		
Advertising		
Property Taxes		
Water Taxes		
Other (please specify): _____		
Total Operating Expenses*		
Net Operating Income*		
*Before interest on mortgage debt, depreciation or amortization, capital cost allowance and any other non-operating expenses.		

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Other Information			SECTION 6	
Identify Major Renovations or Capital Expenditures				
Have there been Capital Improvements or Capital Renovations completed during this reporting period?				
If yes, please specify below. Yes No				
Item 1:		Associated Cost*:		
Item 2:		Associated Cost*:		
Item 3:		Associated Cost*:		
Please attach a detailed list if space provided is insufficient			Total Capital Cost*:	
*Exclude HST from costs provided.				
Underground Fuel Tanks				
<i>(utilize additional columns if there is more than one type of tank)</i>				
Number of Tanks				
Tank Size <i>(litres or gallons)</i>				
Tank Wall Type <i>(fibreglass or steel)</i>				
Tank Thickness <i>(single or double wall)</i>				
Age or Installation Date				
Life Expectancy				
Canopy				
Size/Area (sf)				
Age or Installation Date				
Carwash				
Size/Area (sf)				
Age/Year Built				
Structure Type <i>(concrete block, reinforced concrete, etc.)</i>				
Last Renovate Date				
Last Renovation Cost <i>(excluding equipment)</i>				

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Area Details		SECTION 7
Fiscal Year Ending December 31st		
	2020	2021
Commercial Leasable Area Occupied (sf)		
Commercial Leasable Area Vacant (sf)		
Total Commercial Leasable Area (sf)		
Certification		SECTION 8
<p>As per my signature below, I certify that all information, accompanying schedules and statements have been reviewed by me and to the best of my knowledge and belief are true, correct, and complete.</p> <p>Name (Please Print) _____</p> <p>Position _____</p> <p>I am: Owner/Employee Agent/Management Company</p> <p>Signature _____ Date _____</p> <p>Phone _____ Email _____</p>		
Privacy Notice		SECTION 9
<p>The information on this form is collected by the City of St. John's under the authority of the Assessment Act, 2006 and will be used for property valuation and assessment purposes. The City of St. John's is committed to the protection of personal information under the Access to Information and Protection of Privacy Act, 2015. The City will only access, use, and disclose your personal information with your consent or where it is permitted or required by law. Questions about the collection and use of the information may be directed to the Assessment Market Analyst by telephone: 576-8112 or by email: questionnaires@stjohns.ca.</p>		
Contact Information		SECTION 10
<p>Return all pages by email, mail, and/or fax to:</p> <p>Assessment Division P.O. Box 908 10 New Gower Street St. John's, NL A1C 5M2 Email: questionnaires@stjohns.ca Fax: 709-576-8603</p> <p>For further information/questions, contact the Assessment Market Analyst: Phone: 709-576-8112</p> <p>To learn more about the assessment process please refer to: www.stjohns.ca/living-st-johns/your-property/assessment</p>		

Commercial Rental Information												SECTION 11
Note: If any vacancy exists in property, list square foot area and asking rental of same						Note: A rent roll can be submitted in lieu of completing the below form <i>IF</i> it contains all requested information noted in the table below.						
Tenant Type	Location		Tenant Name or Vacant	Lease Start Date MM/DD/YYYY	Lease End Date MM/DD/YYYY	Lease Type	Area (SF)	Contract Rental Rate (PSF)	Overage or Percent Rent (psf)	Recovery Income Collected (PSF)	Total Charges (PSF)	Asking rental rate for vacant space (psf)
Office (O) Retail (R) Industrial (I) Storage (S)	Floor	Suite #	Including owner occupied if multi-tenant			Net, Semi-Gross, Gross		(A)	(B)	Operating Expense and Property Tax	Total revenue PSF received from tenant (= A + B + C)	Please specify if net / semi-gross / gross
										(C)		
Example 1 - Office	3	301	ABC Company	01/01/2019	12/31/2023	Net	2,500	\$25.00	\$0.00	\$12.00	\$37.00	n/a
Example 2 - Retail	1	101	Vacant	n/a	n/a	Gross	1,000	n/a	n/a	0.00	n/a	\$35.00 (gross)

Apartment Rental Information (as of December 31, 2021)															SECTION 12	
Note: Information must be reported for the entire property including vacant units.										Note: Please also include a rent roll with your submission						
						INCLUDED IN RENT (Check if yes, blank if no)										
Unit Type	# of Units	# of Baths in Unit		Monthly Rent	Size of Typical Unit (sf)	Heat	Electricity (Light)	Washer/Dryer		Appliances				Cable/Internet	Furniture	Parking
# of Bedrooms		Full	Half					In Unit	Shared	Fridge	Stove	Dishwasher	Microwave			
Two Bedroom	25	1	1	\$900	950			✓		✓	✓	✓				✓
Other (Specify below)																
Other detail:																
Superintendent/Model																
Total # of Units																