

ST. JOHN'S	FCS – Property Income Questionnaire Service Stations – 2028 Reassessment	Finance and Corporate Services
Property Income Questionnaire Service Stations – 2028 Reassessment		
Account Information		SECTION 1
Parcel ID _____		
Property Address _____		
Owner Name _____		
If owner occupied, please indicate what percentage (%) of the building is owner occupied: _____		
Note: If the property is 100% owner occupied, please complete only Section 2, 3, 5 and 8.		
Building Information		SECTION 2
Year Built _____ Year Renovated _____		
Commercial Area (sf) _____		
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 (YYYY-MM-DD) _____ Sale Price _____		
Has the property been listed for sale in the last five years: Yes No		
If yes, please provide: List Date (YYYY-MM-DD) _____ 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 (YYYY-MM-DD) _____		
Signature _____		

Operating Expenses for Fiscal or Operating Year Ending Continued

	2024	2025
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.

Identify Major Renovations or Capital Expenditures

Have there been Capital Improvements or Capital Renovations completed during this reporting period?
If yes, please provide description and cost excluding HST below.

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:	

Underground Fuel Tanks
(utilize additional columns if there is more than one type of tank)

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				

Identify Major Renovations or Capital Expenditures Continued

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 Renovation Date	
Last Renovation Cost (<i>excluding equipment</i>)	

Fiscal Year Ending December 31st

	2024	2025
Commercial Leasable Area Occupied (sf)		
Commercial Leasable Area Vacant (sf)		
Total Commercial Leasable Area (sf)		

Commercial Rental Information (if applicable)	SECTION 8
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Note: If any vacancy exists in property, list square foot area and asking rent for all available space.

Tenant Type	Location		Tenant Name or Vacant <i>Including owner occupied if multi-tenant</i>	Lease Start Date YYYY/MM/DD	Lease End Date YYYY/MM/DD	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 #		
								(A)	(B)	(C)	(= A + B + C)	<i>Please specify if Net, Semi-Gross or Gross</i>
<i>Example 1 - Office</i>	3	301	<i>ABC Company</i>	<i>2019/01/01</i>	<i>2023/12/31</i>	<i>Net</i>	<i>2,500 sf</i>	<i>\$25.00</i>	<i>\$0.00</i>	<i>\$12.00</i>	<i>\$37.00</i>	<i>n/a</i>
<i>Example 2 - Retail</i>	1	101	<i>Vacant</i>	<i>n/a</i>	<i>n/a</i>	<i>Gross</i>	<i>1,000 sf</i>	<i>n/a</i>	<i>n/a</i>	<i>0.00</i>	<i>n/a</i>	<i>\$35.00 (gross)</i>



Certification

SECTION 9

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 believe are true, correct, and complete.

Name (Please Print) _____

Position _____

I am: Owner/Employee Agent/Management Company

Signature _____ Date (YYYY-MM-DD) _____

Phone _____ Email _____

Privacy Notice

SECTION 10

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 Manager of Assessment by telephone: 709-576-8233 or by email: jslaney@stjohns.ca

Submission

SECTION 11

Return all pages by mail, email and/or fax to:	Assessment Division P.O. Box 908 10 New Gower Street St. John's, NL A1C 5M2 Email: questionnaires@stjohns.ca Fax: 709-576-8603	For further information/questions, contact the Assessment Division: Phone: 709-570-2018
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