



VACANT LAND APPEAL FORM

PICKENS COUNTY ASSESSOR

222 MCDANIEL AVENUE B-8
PICKENS, SC 29671
PHONE: 864-898-5872

OWNER INFORMATION

NAME OF OWNER(S)		TAX YEAR
DAYTIME TELEPHONE NO. () ()	AGENT TELEPHONE NO. () ()	EMAIL ADDRESS

ACCOUNT NUMBER & VALUE INFORMATION (An appeal form must be completed for each account number.)

ACCOUNT NUMBER	PROTESTED MARKET VALUE	YOUR OPINION OF MARKET VALUE
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Utilities & Off-Site Improvements				Land Characteristics			
Type	Public	Private	None	Type	Yes	No	Comments: (If "yes", describe or attach documents).
Water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Covenants & Restrictions	<input type="checkbox"/>	<input type="checkbox"/>	
Sewer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ground Lease	<input type="checkbox"/>	<input type="checkbox"/>	If "yes", enter monthly lease amount: <input type="text"/>
Septic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Easements	<input type="checkbox"/>	<input type="checkbox"/>	
Gas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Flood Issues	<input type="checkbox"/>	<input type="checkbox"/>	
Electric	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Terrain -Topography	Describe:		
Asphalt Rd.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Views	Describe:		
Concrete Rd.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Contamination	<input type="checkbox"/>	<input type="checkbox"/>	If "Yes", attach Environmental Protection Agency or DHEC document(s).
Gravel Rd.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Access	<input type="checkbox"/>	<input type="checkbox"/>	
Dirt Rd.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mobile Homes	<input type="checkbox"/>	<input type="checkbox"/>	If "Yes", how many? <input type="text"/> Owner(s):
Street Lights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Auxiliary Buildings	<input type="checkbox"/>	<input type="checkbox"/>	If "Yes", how many? <input type="text"/> Describe:
Sidewalk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dockable-Lake Property	<input type="checkbox"/>	<input type="checkbox"/>	If "No", attach supporting Duke Energy document.
Boat Dock/Slip	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Buildable	<input type="checkbox"/>	<input type="checkbox"/>	If "No", attach supporting document.

What are you appealing? (Check all that apply.)

Market Value
 Legal Residence Rate Denial
 Agricultural Rate Denial
 Other (describe below:)

Fee Appraisal - Has a fee appraisal been performed within the last 5 years? YES NO If "Yes", attach entire appraisal report

Other - Provide any other information and documents to support your opinion of market value or classification:

CERTIFICATION, FILING STATUS, DATE, SIGNATURE

I certify under penalty of perjury under the laws of the State of S.C. that all information, including any accompanying statements or documents, is true and correct to the best of my knowledge and belief. I understand that filing an appeal does not extend the time to pay taxes and that the taxes must be paid to avoid penalties and interest. I understand that the effective date of the assessor's value is 12/31/2018 unless an Assessable Transfer of Interest (ATI) has occurred. I understand that an agent can not assume the fiduciary and other legal responsibilities, including the filing of an appeal, without proper documentation signed by the account owner. I understand that written appeals must be timely filed with the Assessor and cannot be filed by fax. I understand that an appeal cannot be delivered to or filed with any other county agency or official.

SIGNATURE	DATE
PRINT NAME OF AUTHORIZED SIGNER	TITLE OF SIGNER: (ENTER TITLE BELOW- Owner, Attorney, Spouse, Officer, CPA, Child, etc.)
COMPANY NAME	EMAIL ADDRESS

FILING STATUS

OWNER
 ATTORNEY
 C P A
 SPOUSE
 PARTNER OF PARTNERSHIP
 CHILD
 PARENT
 BROTHER/SISTER
 AGENT (Agents can not file an appeal without proper documentation).
 ENROLLED AGENT (UNDER CIR. 230)
 CORPORATE OFFICER OR DESIGNATED EMPLOYEE