

**2024 ABATEMENT REQUEST – Staff Notes**

**Map 211 Block 248 Lot 16.007– Grzybowski, William & Kathryn**

**Total assessed value 2024: \$685,700**

The property owner filed an application for Prorated Assessment for Damaged Buildings – RSA 76:21. The fire occurred in the condominium at 738 Weirs Bv #7 on 10/30/2024 causing damage to the interior wall and exterior utility closet; resulting in loss of electricity and heat for the remainder of the tax year.

This building has not been occupiable since the date of the fire, rendering it unable to be used for its intended use. The property owner has begun the process of rebuilding but will not have a replacement on 4/1/2025. The building was unavailable for use for 153 days in the tax year. The 2024 total assessed building value is \$667,700 all being attributable to the damaged area. The detached garage was not impacted by the fire and therefor has no adjustment for the proration. The building value for the 153 days not available for use would be \$279,885 ( $667,700/365 \times 153$ ).

Therefore, the total assessed value for 2024 should be \$405,815 after the proration is applied resulting in an abatement of \$279,885 of assessed value.

<b>738 Weirs Bv #7</b>	
2024 Assessed Bldg value	\$667,700
Date of Fire	10/30/2024
Number of prorated days	153
Value per day	\$1,829.32
Value to be abated	\$279,885

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ASSESSOR'S OFFICE  
LACONIA, NH**TAXPAYER'S RSA 76:21 PRORATION APPLICATION TO MUNICIPALITY**  
**Prorated Assessment for Damaged Buildings - RSA 76:21**TAX YEAR 2024**SECTION A. Party(ies) Applying (Owner(s)/Taxpayer(s))**Name(s): William S. + KATHRYN J. GRZYBOWSKIMailing Address: 3 SARGENT ST BRIDGEWATER NJ 08807Telephone Numbers: (Home) \_\_\_\_\_ (Work) 732-393-7337 (Cell) 908-581-6762**SECTION B. Party's(ies)' Representative if other than Person(s) Applying (Also Complete Section A)**

Name(s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone Numbers: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

**SECTION C. Property(ies) for which a Prorated Assessment is Sought**

RSA 76:21 provides that a prorated assessment shall be granted for taxable building(s) damaged by unintended fire or natural disaster and therefore unable to be used for its intended use. For the purpose of RSA 76:21, paragraph I, an "unintended fire" means a fire which does not arise out of an act committed by or at the direction of the property owner with the intent to cause a loss.

- 1) A person aggrieved by a property tax for a damaged building as provided in RSA 76:21, paragraph I, shall file an application with the assessing officials, in writing, within 60 days of the event.
- 2) The proration of the building assessment shall be based on the number of days the building was available for its intended use divided by the number of days in the tax year, multiplied by the building assessment.

Complete the following information for the property which a prorated assessment is being sought.

Tax Map/Lot: 211-248-16,007 Street Address/Town: 738 WEIRS BOULEVARD LACONIA NH 03246 UNIT 7  
Tax Year Date: 04/01/24 Date of Event: 10/30/24 Total # of Days of Intended Use: \_\_\_\_\_ Assessment: \$ 673,300 (2023)  
Nature of Event: FIRE Extent of Damage (Describe): DAMAGE TO INTERIOR WALL AND EXTERIOR UTILITY CLOSET. WE HAVE NO WATER OR HEAT AT THIS TIME

**SECTION D. Certification by Party(ies) Applying**

By signing below, the Party(ies) applying certify (certifies) and swear(s) under penalties of RSA ch. 641, the applicant has good faith basis the event complies with the requirements of RSA 76:21, I, and the facts stated are true to the best of my/our knowledge.

Date: 11/01/2024

Signature

Signature

**TAXPAYER'S RSA 76:21 PRORATION APPLICATION TO MUNICIPALITY**  
**Prorated Assessment for Damaged Buildings - RSA 76:21**

**SECTION E. Certification and Appearance by Representative (If Other Than Party(ies) Applying**

By signing below, the representative of the Party(ies) applying certifies and swears under penalties of RSA ch. 641:

1. All certifications in Section D are true;
2. The Party(ies) applying has (have) authorized this representation and has (have) signed this application; and
3. A copy of this form was sent to the Party(ies) applying.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature

**SECTION F. Disposition of Application\* (For Use by Selectmen/Assessor)**

Request: GRANTED ☐

Revised Assessment: \$ \_\_\_\_\_

Date: \_\_\_\_\_

Request: DENIED ☐

Remarks

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Signature of Selectmen / Assessor

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