



STATE OF FLORIDA
LEE COUNTY PROPERTY APPRAISER
KENNETH M. WILKINSON, C.F.A.



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Fort Myers, Florida 33901-3074
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Working Waterfront

Application, Income & Expense Questionnaire

Note: All information that you submit in response to this questionnaire will be held in strict confidence, as mandated by Florida Statute 195.027.

PLEASE NOTE: THE DEADLINE FOR THIS APPLICATION & INCOME/EXPENSE INFORMATION IS BY 5:00 PM, FRIDAY, APRIL 30th, 2012 AND THE APPLICATION WILL HAVE TO PHYSICALLY BE AT THE PROPERTY APPRAISER'S OFFICE AS OF THE DEADLINE.

This Income Questionnaire is required information when you apply for the Working Waterfront Classification, and will be required yearly to maintain an approved WWF Classification on the property. Information generated by this survey will be used to develop typical appraisal parameters and valuation models for Marina's in Lee County.

If you would like assistance in completing the *income questionnaire*, you may contact **MARC SASSO** at (239) 533-6204 or e-mail **Sassom@Leepa.org** of the Commercial Department.

Tangible Personal Property (TPP) DR 405 Return Filing Instructions

Marina Facilities owners must file a **DR-405 Return** by 04/01/12 for TPP assets. These include but are not limited to office furniture & equipment, tools, fork lifts, signage, security cameras, etc as required by 193.114, Florida Statutes. If you have any questions, or if you need assistance, please contact: **TANGIBLE DEPARTMENT 239-533-6140**, or e-mail tpp@Leepa.org.

Thank you in advance for your anticipated cooperation.

Respectfully requested,

A handwritten signature in black ink, appearing to read "K. M. Wilkinson".

Kenneth M. Wilkinson, C.F.A.
Lee County Property Appraiser

WORKING WATERFRONT ASSESSMENT (WWF) APPLICATION

Return this form to your county property appraiser with documents supporting the property's use as a working waterfront. Tax Year 20_____

Completed by Property Owner

Parcel _____ County: _____

Owner: _____ Agent: _____

Mailing Address: _____

Address of WWF: _____

Phone: _____ Fax: _____

Email: _____

On January 1 of this tax year, this land is working waterfront property based on its current use. This property met the requirements for a working waterfront checked below.

Please check all that apply:

- _____ Used predominantly for commercial fishing
- _____ Accessible to the public and used for vessel launches into navigable waters
- _____ A marina or drystack open to the public
- _____ A water-dependent marine manufacturing facility
- _____ A water-dependent commercial fishing facility
- _____ A water-dependent marine vessel construction or repair facility and/or support facilities

I certify the facts above and on the attached documents are true and the property complies with the restrictions and requirements of Article VII, Section 4(j), Florida Constitution.

Signature _____

Print name _____

Date _____ Title: _____

MARINA

INCOME AND EXPENSE QUESTIONNAIRE
FOR PERIOD BEGINNING 01/01/11 AND ENDING 12/31/11
RESPONSE DEADLINE: April 30, 2012

NAME OF MARINA: _____

MARINA TYPE: (Please check one):

- RECREATIONAL _____ COMMERCIAL _____ YACHT club _____ OTHER _____

MARINA AMENITIES: (Please check all that apply):

- Dock Master Office _____ Ships Store _____ Gasoline Pumps _____ Clubhouse _____
- Pool _____ On-site Parking _____ Shower Areas _____

RIPARIAN RIGHTS:: GRANTED _____ LEASED _____ TERM OF LEASE _____

OWNERS ACTUAL OPERATING STATEMENT:

PLEASE ATTACH

- FULL YEAR 2011 PROFIT & LOSS STATEMENT
- A RENT ROLL INDICATING ALL DRY & WET SLIP SIZES AND RENTAL RATES FOR EACH.

RETAIL SALES, INCOME & EXPENSES

BOAT SALES:	YES ___ NO ___	INCOME: \$ _____	EXPENSES: \$ _____
BOAT REPAIRS:	YES ___ NO ___	INCOME: \$ _____	EXPENSES: \$ _____
GAS/OIL SALES:	YES ___ NO ___	INCOME: \$ _____	EXPENSES: \$ _____
SHIP STORE SALES:	YES ___ NO ___	INCOME: \$ _____	EXPENSES: \$ _____
RESTAURANT SALES:	YES ___ NO ___	INCOME: \$ _____	EXPENSES: \$ _____

RETAIL SALES: TOTAL INCOME: \$ _____ TOTAL EXPENSES: \$ _____

BOAT STORAGE INCOME

Wet Slips	Dry Racks	Open Air Racks	Open Storage
YES NO	YES NO	YES NO	YES NO
TOTAL #SLIPS:	TOTAL#RACKS:	TOTAL#RACKS:	TOTAL#SPACES:
RENT/FT:\$	RENT/FT:\$	RENT/FT:\$	RENT/FT:\$
MIN BOAT FT:	MIN BOAT FT:	MIN BOAT FT:	MIN BOAT FT:
MAX BOAT FT:	MAX BOAT FT:	MAX BOAT FT:	MAX BOAT FT:
AVG BOAT FT:	AVG BOAT FT:	AVG BOAT FT:	AVG BOAT FT:
#VACANCIES:	#VACANCIES:	#VACANCIES:	#VACANCIES:

UTILITY HOOKUPS
ELECT _____, WATER _____,
SEWER _____, TELE _____,
DOCK TYPE:
CONC: _____ WOOD: _____
FLOATING: _____

TOTAL INCOME FROM BOAT / STORAGE:	\$ _____
TOTAL INCOME FROM BOAT LAUNCHES:	\$ _____
TOTAL INCOME FROM DAILY/TEMP WET SLIPS:	\$ _____

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<u>BUILDING LEASE(S) INCOME</u>			
BUILDING TYPE	BUILDING(s) SIZE SF	ANNUAL RENT	LEASE TERMS
RESTAURANT (S)		\$	
RETAIL STORE (S)		\$	
OFFICE (S)		\$	
TOTAL INCOME – BUILDING LEASES: \$ _____			

TOTAL PROPERTY OPERATING EXPENSES	
UTILITIES	\$
PROPERTY INSURANCE	\$
MANAGEMENT FEES	\$
MAINTENANCE & REPAIRS	\$
SALARIES	\$
ADVERTISING / MARKETING	\$
FRANCHISE FEES	\$
RIPARIAN RIGHTS	\$
SUPPLIES	\$
RESERVES FOR REPLACEMENTS (SPECIFY)*	\$
TOTAL OPERATING EXPENSES	\$

***Please specify what is included in the *RESERVES FOR REPLACEMENTS* expense category. Failure to specify this item may exclude those expenses from being considered.**

COMPLETED BY: _____ TITLE: _____
PRINT NAME

DATE: _____ PHONE: () _____