

BUSINESS REPLACEMENT PAYMENT – OWNER

Wisconsin Department of Transportation

Computation Form
RE1609 10/2019

Original Revised

Subject Property

Business Legal Name – Filed with State of Wisconsin		Land Area	
Address		No. Parking Stalls	Total Area of Subject Building(s) sq. ft.
Subject Prop.-Unit Type-Business, Farm, Non-Profit		Building Age	State of Repair
Type of Construction	Code Compliant	Type of Neighborhood	
Utilities Available		Access to Public Services	Soil Quality

- Yes, Carve-out – Attach explanation.
 No Carve-out

Section A – Available Comparable Property – Computations are made using Comparable Property A listed below

Comparable Property	Address or Location	List Price
A		\$
B		\$
C		\$

Section B – Business Replacement Payment Calculation

1. List Price of Comparable A	\$
2. Less Acquisition Price of subject property	\$
3. Equals	\$
4. Plus Total Costs from Section D for Comparable A	\$
5. Equals Business Replacement Payment indicated calculated maximum payment	\$

Section C – Computation of rent supplemental payment for owner-occupant

1. New monthly rent (from Comparable A) at \$ _____ per month x 48 months	\$
2. Less economic monthly rent at \$ _____ per month x 48 months	\$
3. Equals Business Replacement Payment owner-occupant changing status to tenant (not to exceed total of Section B)	\$

Section D – Costs of necessary physical changes to comparable properties

Discussion of physical changes and justification for each must be included with supporting documentation of each comparable property along with the listing information with cost sources as reasonable project costs.

Comparable Property	Brief description of changes needed	Total Cost
A		\$
B		\$
C		\$

NOTE: Computations are maximum amounts. Only those amounts actually spent and other reasonable project costs, up to the maximum will be reimbursed.

Attachments

*Business Comparison Chart

*Documentation of comparable properties from source of information with cost information and sources of any necessary physical changes

Relocation Specialist Statement of Certification - I certify that:

- The determination of the amount of this payment as shown in the computations on this document is correct to my knowledge;
- I understand that the determination may be used in connection with a Federal Aid Project;
- I have no direct or indirect present or contemplated interests in this transaction nor will I derive any benefit as a result.

APPROVAL RECOMMENDED:

Relocation Specialist

Date

COMPUTATION APPROVED BY:

BTS-RE Statewide Relocation Facilitator

Date

Project ID

Project

County

Parcel

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Comparison Chart

ITEM	SUBJECT PROPERTY	COMPARABLE A	COMPARABLE B	COMPARABLE C
Business Legal Name				
Unit Type – Business, Farm, Non-Profit				
Address				
Functionally equivalent				
Distance from subject				
Land area				
Total Area of Subject Building(s)				
Type of Construction				
State of Repair				
Building Age				
Utilities Available				
Zoning				
Code Compliant				
No. Parking Stalls				
Access to Public Services				
Cost of necessary physical changes to comparable properties		\$	\$	\$
List Price	\$	\$	\$	\$
Total Cost	\$	\$	\$	\$

All properties identified are considered comparable. The BRP is calculated utilizing the costs associated with Comparable A.

Explanation (Attach further pages if necessary.):