

Jan
1-5-15

15-022

RECEIVED
DEC 15 2014
CITY CLERKS OFFICE

TO: Jennifer Hudon, City Clerk
FROM: Sarah Hoppe, City Assessor *Sarah Hoppe*
RE: 2014 Real Estate Correction Parcel 834-402-130
DATE: December 15, 2014

On Monday, December 15, Mr. William Fessler contacted me regarding Parcel 834-402-130. This parcel is vacant land. All of the buildings were razed in November, 2013.

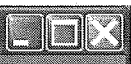
This error falls under Wisc. Stats 74.33 (1)(b) Palpable error. The assessment included real property improvements which did not exist on the date under s. 70.10 for making the assessment.

<u>Tax Yr</u>	<u>Land Assessment</u>	<u>Building Assessment</u>	<u>Total Assessment</u>	<u>Tax</u>
2014	51,000	63,600	114,600	\$2,340.24
Correct	51,000	0	51,000	^P 1,065.70 to be determined

Please recommend to adjust the 2014 assessment for Real Estate parcel 834-402-130.

Thank you.

*Please rescind
taxes of
\$1,274.54*



CITY: 52 PARCEL ID: 834-402-130 TAX YEAR: 2014
 Description: ALTERNATE ID: VERSION: 6
 Spec Flag: ROLL TYPE: REAL VALUE CLASS: A VALUE YEAR: CUR: Y
 DISTRICT CODE: DEACTIVATE:

User 7 CLT on 12/03/2014 03:14 pm TAX TABLE: Y
 Calc

Property Class: A Land Use Code: 160

Reason Code:	Calc	Override Code	Override Value	Value
1. Appraised Land Value	51,000.00	v		51,000.00
2. Appraised Bldg Value	63,600.00	v		63,600.00
3. Total Appraised Val	114,600.00	v		114,600.00
4. Acres	1.41	v		1.41
5. Equalized Land Value	48,500.00	v		48,500.00
6. Equalized Bldg Value	60,400.00	v		60,400.00
7. Equalized Tot Value	108,900.00	v		108,900.00
8.		v		
9.		v		
10.		v		
11.		v		
12.		v		
13.		v		

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DEPARTMENT OF
BUILDING INSPECTION
CITY HALL
900 QUAY STREET
Manitowoc, WI 54220
(920) 686-6940
www.manitowoc.org

Building Permit

PERMIT TYPE CODE:
RESRAZING

PERMIT NO.
014870

ISSUED DATE:
11/20/2013

ISSUED BY:

PROJECT ADDRESS

5817 HWY 151

PARCEL NUMBER

834-402-130

ZONING DISTRICT

OWNER

FESSLER WILLIAM G & SHIRLEY A

MAILING ADDRESS

5629 CALUMET AVE

CITY

MANITOWOC

STATE, ZIP

WI, 54220

TELEPHONE

//

CONTRACTOR

SCHUH EXCAVATING

MAILING ADDRESS

11610 HILLTOP RD

CITY

CATO

STATE, ZIP

WI, 54230

TELEPHONE

9207324379 /

CONTRACTOR LICENSE

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CONTRACTOR LICENSE

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APPLICANT

WILLIAM FESSLER

MAILING ADDRESS

5629 CALUMET AVE

CITY

MANITOWOC

STATE, ZIP

WI, 54220

TELEPHONE

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PROJECT DESCRIPTION

RAZE 1-STORY, SINGLE FAMILY RESIDENTIAL. 1,160 SF.

ESTIMATED PROJECT COST

(\$) 1000

TOTAL PERMIT FEE

(\$) 98

APPLICANT CUSTOMER NUMBER

44564

RECEIPT NUMBER

188332

CONDITIONS/COMMENTS:

Before any phase of construction is covered or concealed by a subsequent phase of construction please call (920) 686-6940 to schedule an inspection.

I HEREBY CERTIFY THAT THE INFORMATION SET FORTH ON THIS FORM IS COMPLETE AND ACCURATE AND DO HEREBY AGREE TO COMPLY WITH ALL APPLICABLE EASEMENT AREAS, CODES AND INSPECTION REQUIREMENTS OF THE CITY OF MANITOWOC AND THE STATE OF WISCONSIN AND WITH ANY CONDITIONS ATTACHED HERETO:

Applicant's Signature

Dated

THIS PERMIT IS VOID IF WORK DOES NOT BEGIN IN FOUR MONTHS FROM THE ISSUED DATE, OR IF WORK IS SUSPENDED FOR A PERIOD OF SIXTY (60) DAYS. ALL WORK MUST BE COMPLETED WITHIN TWELVE (12) MONTHS FROM THE DATE OF PERMIT ISSUANCE. IF THE PERMIT HAS LAPSED A NEW PERMIT SHALL BE ISSUED AT ONE-HALF (1/2) THE REGULAR FEE RATE.



DEPARTMENT OF
BUILDING INSPECTION
CITY HALL
900 QUAY STREET
Manitowoc, WI 54220
(920) 686-6940
www.manitowoc.org

Building Permit

PERMIT TYPE CODE:
RESRAZING

PERMIT NO.
013704

ISSUED DATE:
10/2/2013

ISSUED BY:

PROJECT ADDRESS

5817 HWY 151 Calumet Ave

PARCEL NUMBER

834-402-130

ZONING DISTRICT

OWNER

SMITH BRUCE P & JOAN T

MAILING ADDRESS

2124 VICTORIA DR

CITY

MANITOWOC

STATE, ZIP

WI, 54220

TELEPHONE

//

CONTRACTOR

SCHUH EXCAVATING

MAILING ADDRESS

11610 HILLTOP RD

CITY

CATO

STATE, ZIP

WI, 54230

TELEPHONE

9207324379 /

CONTRACTOR LICENSE

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CONTRACTOR LICENSE

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APPLICANT

WILLIAM FESSLER

MAILING ADDRESS

5629 CALUMET AVE

CITY

MANITOWOC

STATE, ZIP

WI, 54220

TELEPHONE

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PROJECT DESCRIPTION

RAZE EXISTING 2,600 SF DETACHED ACCESSORY BUILDING. SINGLE STORY. NO ELECTRICAL, GAS, OR WATER TO STRUCTURE. FORECLOSURE, TRANSFER OF PROPERTY TO WILLIAM FESSLER 9-18-2013.

ESTIMATED PROJECT COST

(\$) 1000

TOTAL PERMIT FEE

(\$) 170

APPLICANT CUSTOMER NUMBER

44564

RECEIPT NUMBER

185889

CONDITIONS/COMMENTS:

Before any phase of construction is covered or concealed by a subsequent phase of construction please call (920) 686-6940 to schedule an inspection.

I HEREBY CERTIFY THAT THE INFORMATION SET FORTH ON THIS FORM IS COMPLETE AND ACCURATE AND DO HEREBY AGREE TO COMPLY WITH ALL APPLICABLE EASEMENT AREAS, CODES AND INSPECTION REQUIREMENTS OF THE CITY OF MANITOWOC AND THE STATE OF WISCONSIN AND WITH ANY CONDITIONS ATTACHED HERETO:

William Fessler
Applicant's Signature

10-2-13
Dated

THIS PERMIT IS VOID IF WORK DOES NOT BEGIN IN FOUR MONTHS FROM THE ISSUED DATE, OR IF WORK IS SUSPENDED FOR A PERIOD OF SIXTY (60) DAYS. ALL WORK MUST BE COMPLETED WITHIN TWELVE (12) MONTHS FROM THE DATE OF PERMIT ISSUANCE. IF THE PERMIT HAS LAPSED, A NEW PERMIT SHALL BE ISSUED AT ONE-HALF (1/2) THE REGULAR FEE RATE.



DEPARTMENT OF
BUILDING INSPECTION
CITY HALL
900 QUAY STREET
Manitowoc, WI 54220
(920) 686-6940
www.manitowoc.org

Building Permit

PERMIT TYPE CODE:
RESRAZING

PERMIT NO.
013915

ISSUED DATE:
10/9/2013

ISSUED BY:

PROJECT ADDRESS

5817 HWY 151 (Calumet Ave)

PARCEL NUMBER

834-402-130

ZONING DISTRICT

OWNER

SMITH BRUCE P & JOAN T

MAILING ADDRESS

2124 VICTORIA DR

CITY

MANITOWOC

STATE, ZIP

WI, 54220

TELEPHONE

//

CONTRACTOR

SCHUH EXCAVATING

MAILING ADDRESS

11610 HILLTOP RD

CITY

CATO

STATE, ZIP

WI, 54230

TELEPHONE

9207324379 /

CONTRACTOR LICENSE

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CONTRACTOR LICENSE

....

APPLICANT

WILLIAM FESSLER

MAILING ADDRESS

5629 CALUMET AVE

CITY

MANITOWOC

STATE, ZIP

WI, 54220

TELEPHONE

//

PROJECT DESCRIPTION

RAZE EXISTING 2,800 SF DETACHED ACCESSORY BUILDING. SINGLE STORY WITH BASEMENT. NO ELECTRICAL, GAS, OR WATER TO STRUCTURE. FORECLOSURE. TRANSFER OF PROPERTY TO WILLIAM FESSLER 9-18-2013.

ESTIMATED PROJECT COST

(\$) 1000

TOTAL PERMIT FEE

(\$) 180

APPLICANT CUSTOMER NUMBER

44564

RECEIPT NUMBER

186289

CONDITIONS/COMMENTS:

Before any phase of construction is covered or concealed by a subsequent phase of construction please call (920) 686-6940 to schedule an inspection.

I HEREBY CERTIFY THAT THE INFORMATION SET FORTH ON THIS FORM IS COMPLETE AND ACCURATE AND DO HEREBY AGREE TO COMPLY WITH ALL APPLICABLE EASEMENT AREAS, CODES AND INSPECTION REQUIREMENTS OF THE CITY OF MANITOWOC AND THE STATE OF WISCONSIN AND WITH ANY CONDITIONS ATTACHED HERETO:

William Fessler
Applicant's Signature

10-9-13
Dated

THIS PERMIT IS VOID IF WORK DOES NOT BEGIN IN FOUR MONTHS FROM THE ISSUED DATE, OR IF WORK IS SUSPENDED FOR A PERIOD OF SIXTY (60) DAYS. ALL WORK MUST BE COMPLETED WITHIN TWELVE (12) MONTHS FROM THE DATE OF PERMIT ISSUANCE. IF THE PERMIT HAS LAPSED A NEW PERMIT SHALL BE ISSUED AT ONE-HALF (1/2) THE REGULAR FEE RATE.