



Department of Neighborhood Services
Inspectional services for health, safety and neighborhood improvement

Preston D. Cole
Commissioner

Thomas G. Mishefske
Operations Manager

October 19, 2016

Alderman Michael Murphy, Chair
Judiciary and Legislation Committee
Office of the City Clerk
Room 205, City Hall

RE: File No.: 160753
Address: 2716-2718 W. Michigan Street

Dear Alderman Murphy:

The owner of the above-referenced property has applied for a vacation of In Rem judgment. The Department of Neighborhood Services does not object provided the applicant pays Vacant Building fees of **\$2,585.70**.

In addition, the building was placarded as unfit for human habitation on August 7, 2013. Therefore, the building cannot be occupied until all the violations causing the placard have been cured, the placard has been removed, and an Occupancy Permit has been issued. The former owner did work with DNS staff to get the issues related to the placard resolved, however, the process was never completed. If the Common Council approves the return of the property, the owner will need to communicate with DNS staff regarding the status of the Occupancy Permit.

Sincerely,

Emily McKeown
Housing Policy and Compliance Manager



INSPECTION REPORT AND ORDER TO CORRECT CONDITION

2/2/14
VOS
VBR
Dec 1135231

CITY OF MILWAUKEE
DEPARTMENT OF NEIGHBORHOOD SERVICES
Special Enforcement Section
4001 S. 6th St.
Milwaukee, WI 53221



DEPARTMENT COPY

Serial #: 010369741
Inspection Date: August 05, 2013
District #: ~~786~~ 287
CT: 149 N

dupl-com

Recipients:
FEDERAL NATIONAL MORTGAGE, ASSOCIATION, 1 S WACKER DR # 1400, CHICAGO IL 60606-0000

Re: 2716-2718 W MICHIGAN ST
AKA:Entire House

Taxkey #: 401-0519-000

Emergency order. The Commissioner of The Department of Neighborhood Services finds that an emergency exists which requires immediate action to be taken as necessary to meet the emergency under 200-12.5.

Inspection of the above premises revealed conditions that violate the Milwaukee Code of Ordinances which cause this premises to be considered a hazard to the safety and welfare of the occupants or the public and is hereby **placarded** as unfit for human habitation, occupancy and use as is regulated by Section 200-11(5) and 218.01 (S.S.66.0413).

You are hereby ordered to **vacate the premises within 1 days of service of this order and to keep the premises vacated** until such time as the following conditions have been corrected and approved in writing by this Department.

Note: Pursuant to 200-42-2-d, any building, structure or premise placarded and found unfit for human habitation or use under any order issued in accordance with this code **shall not be occupied unless and until a certificate of occupancy has been obtained.**

1. Conditions requiring building to be placarded:
2. 275-81
Unsanitary conditions. Restore building or dwelling unit to a clean and sanitary condition.
3. 275-53
Repair or replace defective plumbing system. Every plumbing fixture and water and waste pipe shall be properly installed and maintained in a good, sanitary, working condition. Restore plumbing system to an operable condition - Permit required.

2716-18 W. MICHIGAN ST.

OFFICIAL NOTICE OF VIOLATION

The City of Milwaukee - Department of Neighborhood Services

4. 275-55
Repair or replace defective sewage system. Every plumbing stack, waste and sewer line shall be so installed and maintained as to function properly and shall be kept free from obstructions, leaks and defects to prevent structural deterioration or health hazards. Restore sewage system to a proper working condition - Permit required.
5. 275-61
Repair or replace defective heating system. Restore heating system to a safe and operable condition capable of adequately heating all habitable rooms, bathrooms and toilet rooms to a temperature of at least 67 degrees Fahrenheit continuously during periods of occupancy. (Permit required if replacing heating system; call 286-3361 if you need permit information.)
6. 275-32-2
Structural failure. All supporting structural members of all structures shall be kept structurally sound, free of deterioration and maintained capable of safely bearing the dead and live loads imposed upon them. Repair or replace defective structural members - Permit required.
7. 275-33-7
Restore all required means of egress to an operational condition. No owner or operator of a one or 2-family dwelling that has 2 or more means of egress from the dwelling unit or units may reduce or permit to be reduced the number of means of egress from any dwelling unit to less than 2. Permit required.
8. 275-34-5
Restore electric service. (Upper unit)

For any additional information, please phone **Inspector Kristen Reed at [414]-286-5542** between the hours of **8:00-9:00am and 3:00-4:30pm Monday through Friday.**

Per Commissioner of Neighborhood Services By-


Kristen Reed
Inspector

REINSPECTION FEES

In accordance with Section 200-33-48, a fee may be charged for any reinspection, except no fee shall be charged for the final reinspection when compliance is recorded. **The fee is \$50.70 for the first reinspection, \$76.05 for the second, \$202.80 for the third, and \$354.90 for the fourth and all subsequent reinspections.** These fees include a 1.4% training and technology surcharge. Reinspection fees shall be a lien upon the real estate where the reinspections were made and shall be assessed and collected as a special tax. If you wish to contest the assessment of a reinspection fee, contact the inspector, and, if necessary, the inspector's supervisor. If no agreement is reached, an appeal form will be mailed to you, which you can complete and send to the City's Administrative Review Appeals Board. Any question regarding the actual appeal process, please contact the Administrative Review Appeals Board at (414) 286-2221. Please be aware that there is a fee required when filing an appeal.

RETALIATION

In accordance with Section 200-20.2, no lessor shall take retaliatory action toward any lessee who reports building code violations by raising rents unreasonably or by curtailing services or by eviction. Retaliation shall be presumed if such action occurs within 6 months of the report of code violations, unless the lessor can show evidence of nonpayment of rent, illegal activity on the premises, or that the lessee is in violation of some provision of the rental agreement. Retaliatory action may subject you to issuance of a citation.

RIGHT TO APPEAL

You may appeal to the Commissioner for review of the reasonableness of this order within the time specified for compliance. Contact the Commissioner's Office at 414-286-2543 in order to file an appeal.

FAILURE TO COMPLY

Failure to correct the violations noted herein within the time set, or failure to comply with the order as modified by an appellate board and maintain compliance, may subject you to prosecution and to daily penalties of \$150 to \$10,000 in the manner provided in Section 200-19.

Also, any infraction of this order may result in a citation under Section 200-12-5 of the Milwaukee Code of Ordinances Volume II.

In the event of failure to comply with an order issued by the commissioner of neighborhood services to comply with any provisions of this chapter, the commissioner of neighborhood services may take appropriate actions to restrain, correct or abate the violation of the order or cause the order to be carried out. The cost of restraining, correcting or abating the violation or of causing the order to be carried out shall be charged against the real estate upon which the violations is located, shall be a lien upon such real estate and shall be assessed and collected as a special charge as provided in Section 295-309-4.

TRADUCCION EN ESPAÑOL

Si Ud. necesita ayuda para la traducción de esta información, comuníquese con el 'Centro Hispano' Council for the Spanish Speaking, Inc., 614 W. National Avenue, Milwaukee, WI 53204. Teléfono: (414)384-3700, o Community Advocates, 4906 W. Fond du Lac ave., Milwaukee, WI, 53216, Teléfono: (414)449-4777.

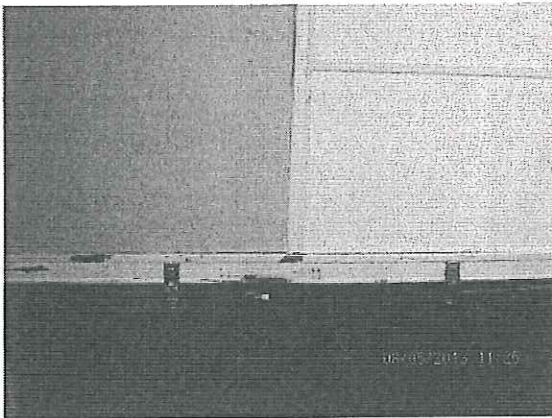
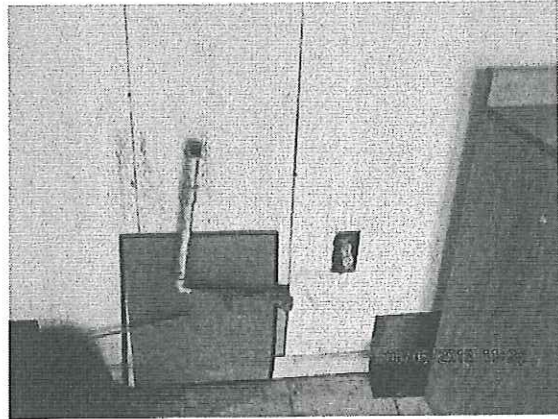
LUS HMOOB

Yog koj xav tau kev pab txhais cov lus no, thov hu mus rau koomhaum Hmong/American Friendship Association, 3824 West Vliet Street, Milwaukee, WI 53208, xovtooj yog (414) 344-6575.

Copies:

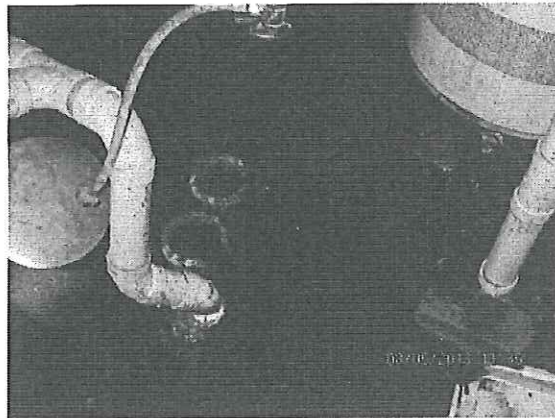
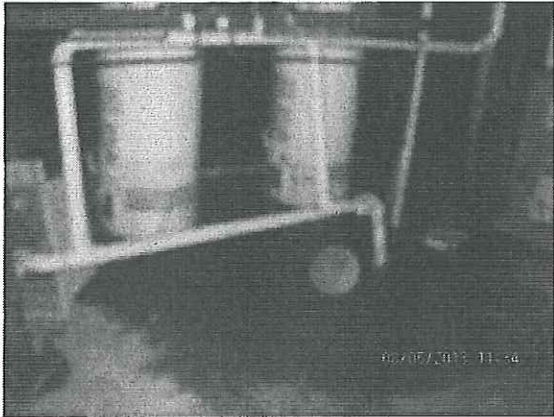
WHITTEN REALTY, ATTN: SUE, 3400 S 13TH ST, MILWAUKEE, WI 53215

2716-18 W Michigan St



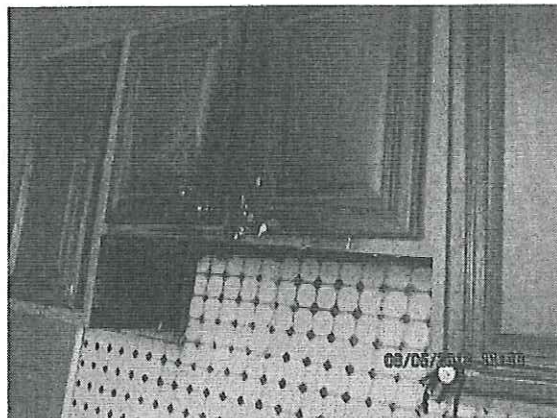
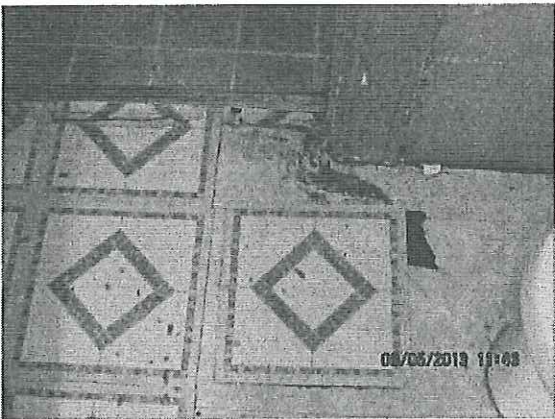
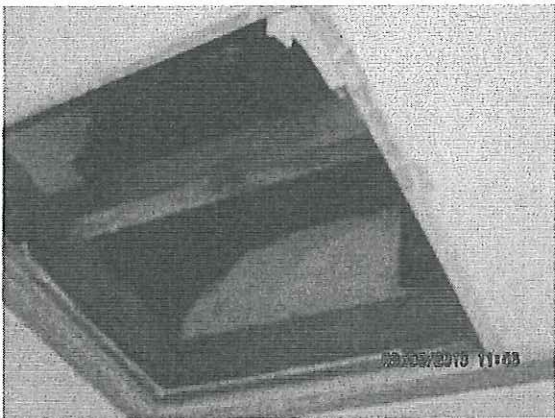
Reed

2716-18 W Michigan St



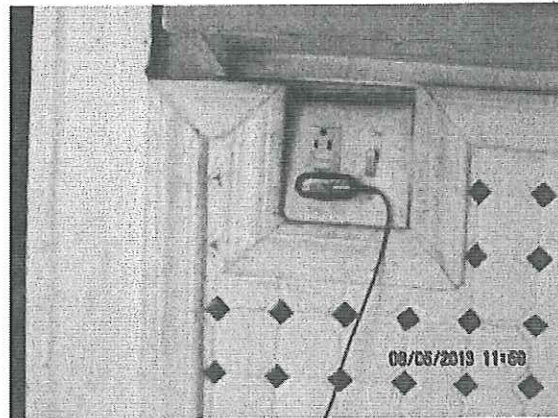
Reed

2716-18 W Michigan St



Reed

2716-18 W Michigan St



Reed

2716-18 W Michigan St



Reed

Property Names Summary

Printed 08/06/13 08:24

Page 1

Address: 2716- 2718 W MICHIGAN ST

MPROP File Information

Owner			
FEDERAL NATIONAL MORTGAGE ASSOCIATION		Taxkey:401-0519-000	
		Land use:8820	Units: 2
		Lot size:	3600 (30x120)
1 S WACKER DR # 1400		Year Built:1901	
CHICAGO IL	60606-0000	Conveyance Date:03/04/2013	Type:SD
		Name Change:04/09/2013	
		Zoning:RT4	

Recording information

Application #:	194507	Type: Seller notification
Date Received:	04/11/2013	Ownership Xfer Date:02/21/2013

Recording Owners/ Operators, etc

O	Owner	T	Titleholder
	FEDERAL NATIONAL MORTGAGE ASSN		
	Home: [] - ()		Work: [414] 481-9044 ()
	----- Street Address -----		----- Mailing Address -----
	ONE S WACKER DRIVE, SUITE 1400		ONE S WACKER DRIVE, SUITE 1400
	CHICAGO IL 60606		CHICAGO IL 60606

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

7000 9204 0000 0090 0001 ETDL

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$ 276.18	W. Michigan St.

Sent To: FEDERAL NATIONAL MORTGAGE ASSOCIATION
 Street, Apt. or PO Box: 1 S WACKER DR #1400
 City, State: CHICAGO IL 60606

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

FEDERAL NATIONAL MORTGAGE ASSOCIATION
 1 S WACKER DR #1400
 CHICAGO IL 60606

2716-18 W. Michigan

2. Article Number
 (Transfer from service label)

7013 0600 0000 4028 0001

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Wayne M. Szlachetka Agent
 Addressee

B. Received by (Printed Name)
 WAYNE M. SZLACHETKA

C. Date of Delivery

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

Date 8/5/13 Serial No. _____



City of Milwaukee
Department of Neighborhood Services
PLACARD CHRONOLOGICAL OF
PLACARD ENFORCEMENT

Address 2716-18 W. Michigan St.

Investigation / Findings Complaint Police / CPU Investigation Self-Initiated

Occupants	Unit/ Address	No. Children / No Adults
Lataja Williams 414-610-0198	2716 W. Michigan-Lower	5 / 3

DATE	ACTIVITY AND REMARKS	INITIALS
8/6/13	PLACARD ORDERS MAILED CERTIFIED	RW
	PLACARD NOTICE <input type="checkbox"/> POSTED <input type="checkbox"/> PHOTOS TAKEN	
	BOARD - UP ORDER ISSUED	
	OCCUPANCY PERMIT REQUIRED <input type="checkbox"/> REQUIRED <input type="checkbox"/> NOT REQUIRED (provide reasons)	
8/21/13	FOLLOW - UP ORDERS <input checked="" type="checkbox"/> ISSUED SERIAL# 16369771	KMR
8/21/13	VBR Referral <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	KMR
8/20/13	I received a call from <input type="checkbox"/> Owner <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Operator	KMR
	OR Phone No.	
	I called	
8/20/13	I Spoke to: <u>Sup</u> Phone No. 414-918-9199	KMR
	If contact is not owner, explain:	
	I VERIFIED THE FOLLOWING INFORMATION	
	A) Owners name <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	KMR
	B) Phone number <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	KMR
	C) Mailing Address <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	KMR
	If No, correct address is:	
	Copy mailed to new address <input type="checkbox"/> YES <input type="checkbox"/> NO	
	D) Receipt of orders <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	KMR
	E) Explained Placard Procedure <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	KMR
	F) Explained Occupancy Permit Procedure <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	KMR
8/6/13	PLACARD FEE NOTIFICATION LETTER MAILED	RW
8/6/13	Faxed to Community Advocates	RW

Date 8/5/13



City of Milwaukee
Department of Neighborhood Services
PLACARD INVESTIGATION WORKSHEET

Address 2716-18 W. Michigan St

Electrical	Plumbing	Water Supply	Heating
<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Not Applicable	<input checked="" type="checkbox"/> Not Applicable	<input type="checkbox"/> Not Applicable
<input checked="" type="checkbox"/> Lacking Service	<input type="checkbox"/> Lacking System	<input type="checkbox"/> Lacking Service	<input type="checkbox"/> Lacking Service
<input type="checkbox"/> Defective Electrical	<input checked="" type="checkbox"/> Defective System	<input type="checkbox"/> Defective Service	<input checked="" type="checkbox"/> Defective Service
<input type="checkbox"/> Tampered Electric Meter	<input checked="" type="checkbox"/> Obstructed System	<input type="checkbox"/> Tampered Water Meter	<input type="checkbox"/> Tampered Gas Meter
<input type="checkbox"/> Photos taken	<input type="checkbox"/> Photos taken	<input type="checkbox"/> Photos taken	<input type="checkbox"/> Photos taken

Hazards	Illegal Occupancy	Structural Failure	Conditions
<input type="checkbox"/> Not Applicable	<input checked="" type="checkbox"/> Not Applicable	<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Not Applicable
<input checked="" type="checkbox"/> Storage/Obstruction	<input type="checkbox"/> Illegal Occupancy	<input type="checkbox"/> Foundation	<input checked="" type="checkbox"/> Unsanitary/Infestation
<input type="checkbox"/> Combustible/Flammable	<input type="checkbox"/> Attic / Basement	<input checked="" type="checkbox"/> Structure	<input type="checkbox"/> Unsafe
<input type="checkbox"/> Unidentified Substances	<input type="checkbox"/> Rooming House	<input type="checkbox"/> Weather Tight	<input checked="" type="checkbox"/> Non Habitable
<input type="checkbox"/> Photos taken	<input type="checkbox"/> Photos taken	<input type="checkbox"/> Photos taken	<input type="checkbox"/> Photos taken

Defective Fire Prevention / Life Safety			
<input checked="" type="checkbox"/> Smoke Detectors	<input type="checkbox"/> Combustible Waste	<input type="checkbox"/> Exposed Wiring	<input type="checkbox"/> Fire Extinguishers
<input checked="" type="checkbox"/> CO Detectors	<input type="checkbox"/> Hazardous Material	<input type="checkbox"/> Exposed Electric Panel	<input checked="" type="checkbox"/> Obstructed Egress
<input type="checkbox"/> Fire Alarm	<input type="checkbox"/> Excessive Fire Load	<input checked="" type="checkbox"/> Extension Cords	<input type="checkbox"/> Exit Door Defective

Placard to Owner	Placard to Tenant	Contact Supervisor
<input checked="" type="checkbox"/> Immediate	<input type="checkbox"/> Commercial	Name <u>Erica Lewandowski</u> <i>EM</i>
<input type="checkbox"/> Scheduled	<input checked="" type="checkbox"/> Residential	Time <u>11:49am</u> Approval <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

OWNER	<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Operator <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Not Recorded	<input type="checkbox"/> Owner <input type="checkbox"/> Operator <input type="checkbox"/> Agent <input type="checkbox"/> Not Recorded
	Name <u>FNMA</u>	Name
	Phone No. <u>414-918-9699</u>	Phone No.
	TIME <u>10:57am</u>	TIME
	Notification: <input type="checkbox"/> Disconnected <input type="checkbox"/> LVM <input checked="" type="checkbox"/> Advised	Notification: <input type="checkbox"/> Disconnected <input type="checkbox"/> LVM <input type="checkbox"/> Advised
	Notes: <u>Sue-written Realty. Advised of need for placard.</u>	Permits <input type="checkbox"/> Open <input type="checkbox"/> Closed <input checked="" type="checkbox"/> N/A Violations <input checked="" type="checkbox"/> Open <input type="checkbox"/> Closed <input type="checkbox"/> N/A Complaints <input type="checkbox"/> Open <input type="checkbox"/> Closed <input checked="" type="checkbox"/> N/A

DEPARTMENTS	We Energies	City of Milwaukee Police Department
	Name <u>Carolyn</u> <input type="checkbox"/> On Scene	Name <u>Guthrie</u> <input checked="" type="checkbox"/> On Scene
	Phone No. <u>414-221-3259</u> TIME <u>11:00</u>	Phone No. <u>414-243-1061</u> TIME
	Notes: <u>Upper electric dlc. Lower gas eligible for dlc</u>	<input checked="" type="checkbox"/> Cleared Property
	Community Advocates	DPW Board up Crew
	Name <u>Shawanna</u> <input checked="" type="checkbox"/> On Scene	Name
Phone No. <u>414-861-4497</u> TIME <u>10:58</u>	Phone No.	
Notes:	PROPERTY SECURED <input checked="" type="checkbox"/> By Owner <input type="checkbox"/> By DPW <input type="checkbox"/> Full Wrap <input checked="" type="checkbox"/> Hasp & Lock <input type="checkbox"/> Other	

CITY OF MILWAUKEE
DEPARTMENT OF NEIGHBORHOOD SERVICES
Special Enforcement
4001 S. 6th St.
Milwaukee, WI 53221
August 6 , 2013

DEPARTMENT COPY



RE: **2716-2718 W MICHIGAN ST**
Taxkey#: 401-0519-000

Order #: 10369741

An inspection of the above premises revealed conditions that required a placard of the premise. In accordance with section 200-33-43.5 of the Milwaukee Code of Ordinances a placard posting fee may be charged to obtain compensation for inspectional, administrative and equipment costs.

The placard posting fee for this premise is \$121.68, which includes a 1.4% training and technology surcharge. As indicated in the original order, this charge, if unpaid, will be placed on the property tax bill. If you wish to pay this amount rather than to have it appear on your tax bill, you may do so before September 15, 2013 at this address:

Department of Neighborhood Services
Attn: Cashier
841 N. Broadway, Room 105
Milwaukee, WI 53202

Checks should be made payable to the **City of Milwaukee** for the amount listed above. Please enclose a copy of this notice with your payment.

If you wish to formally appeal this charge you must file that appeal within 30 days of the date of this letter. It must be filed with the: Administrative Review And appeals Board, Office of the City Clerk, Room 205 City Hall, 200 E. Wells Street, Milwaukee Wisconsin 53202, 414-286-2221. Please contact them to obtain the proper application form. There is a \$25 fee required when filing this appeal.

Please be advised that if you have filed for bankruptcy, this letter is for informational purposes and is not intended to be construed as an attempt to collect a debt during the pendency of your bankruptcy as other conditions may apply.

If you feel this letter was issued in error, please call 414-286-3869 to have this matter reviewed. A review does not extend the time of appeal.

Recipients:
FEDERAL NATIONAL MORTGAGE, ASSOCIATION, 1 S WACKER DR # 1400, CHICAGO IL 60606-0000