

## IMPORTANT NOTICE: A \$25 FILING FEE MUST ACCOMPANY THIS APPEAL, WITHIN THE DEADLINE REFERENCED BY THE BILL.

Checks should be made payable to: City of Milwaukee and a copy of the bill should be included with your appeal

#### IMPORTANT NOTICE FOR CUSTOMERS PAYING BY CHECK

When you provide a check as payment, you authorize us either to use information from your check to make a one-time electronic fund transfer from your account, or to process the payment as a check transaction.

#### IF THE CHARGES HAVE ALREADY APPEARED ON YOUR TAX BILL, THIS APPEAL CANNOT BE FILED

#### PLEASE READ CAREFULLY:

This Board may only determine if the City Department followed proper administrative procedures. It cannot hear appeals as to whether a Building Order is valid or not (those must be appealed to the Standards and Appeals Commission).

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TO: Administrative Review Appeals Board City Hall, Rm. 205 200 E. Wells St. Milwaukee, WI 53202 (414) 286-2231
DATE: 9/5/2020 RE: 3267 N Holbon 57. (Address of property in question)
Under ch. 68, Wis. Stats., s. 320-11 of the Milwaukee Code of Ordinances, this is a written petition for appeal and hearing.
I am appealing the administrative procedure followed by
Amount of the charges \$508.00
Charge relative to: Soma -annual VBR Renowal & Ino
I feel the City's procedure was improper due to the following reasons and I have attached any supporting evidence, including city employee's names/dates which I spoke to regarding this issue and copies of any city orders received:
I have applied for exception from VBR because
I am in the process of repaining and opening
for busines, Due to Covid-19 lock-down Since
February 2020, It has been very hard to
find a contractor to help me finish the opening
in time. Therefore I am requesting to Stop Changing
me fines and renewal process and Jan requesting extension
Shulato
Signature
SHAUKAT AL) Name (please print)
Name (please print)  Name (please print)  8/5/ Kealing Apr Apr 2 414 - 839-7996  Mailing address and zip code Daytime phone numbers
Shaukat 41 Ogmail. Com E-Mail Address(s)



#### **Department of Neighborhood Services**

Erica R. Roberts Commissioner

Thomas Mishefske Operations Director

Michael Mazmanian Operations Director

Vacant Building Program

Milwaukee, WI 53221-1704

August 18, 2020

ALI SHAUKAT 8151 KEATING AVE APT#2 SKOKIE, IL 60076

Record ID:

VAC-19-00346

Re: 3267 N HOLTON ST

The buildings at the above address were found to be vacant and subject to the Vacant Building Registration Program: SINGLE PRIMARY STRUCTURE. Because the building(s) remained vacant for a period of 6 months you are required to pay a vacant building inspection renewal fee of \$254.00 per building.

You are being charged \$254.00 additional because you had code violations at the time of the semi-annual vacant building registration renewal.

The total fee is \$508.00. This fee includes a 1.6% training and technology surcharge. Please pay online at milwaukee.gov/lmspay Checks should be made payable to City of Milwaukee and sent to:

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

For your convenience, any balance remaining 30 days from the date of this letter will be added to your property tax bill. For questions regarding this fee, call 414-286-2268. More information on this program is available at <a href="http://www.city.milwaukee.gov/dns/vbr">http://www.city.milwaukee.gov/dns/vbr</a>

If you wish to appeal these charges 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 \$25.00 fee required when filing the 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.

Detach bottom portion and return along with check

(Please write taxkey on check)

8/18/2020

Vacant Building Inspection Payment Stub

Taxkey: 2810404000 Re: 3267 N HOLTON ST

Amount Due: 508.00

VAC-19-00346





# **Vacant Building Registration Statement**

## City of Milwaukee Department of Neighborhood Services

Please complete one application for each vacant building on the taxkey.

For details on this code see Milwaukee Code of Ordinances 200-51.7. Non-exempt owners have 30 days from the date the building becomes vacant to file this form. The cost to register is FREE for the initial filing and the 6-month period. If after six months the building continues to remain vacant, a follow-up inspection will be made and if vacant, a fee will be charged. Each subsequent 6-month period of vacancy will trigger an inspection and fee. Owner is responsible for all exterior and interior as well as lot maintenence. Failure to properly maintain the vacant building could result in increased renewal fees.

Building Address 3265 N HOLTON ST.
Taxkey 281.0 404-00-6 Building Name (If any) N/A
Date Building went vacant 06/20/2019
Date Building Ownership Transferred to this owner if in the past year///
Brief Description of Future Plans for Building Remain and reopen for Busin de You
Security Measures in Place Secured with locks on exit doors:
Owner Contact Information:
Owner's Name SHAUKAT ALI
Mailing Address 8/51 Kenting RVR 72 City SKOKIE State IL Zip 60076
Doing Business As (If applicable)  Mailing Address 8/51 Kenting Ave #12 city SKOK/F State IL Zip 60076.  Home Phone Day (Work Phone 4/4-839-7996 Cell Phone 224) 724-1042  E-mail Address (optional) Shaukatu Bymail. Com Date of Birth for "Person Owners" 04-24-1959
Femail Address (optional) Shaukatu Agman, Com Date of Birth for "Person Owners" 04-24-1959
Branachy Managar or Agent information
Property Manager or Agent information (If the same as the owner above check this box and go to next section.)
Complete this section to provide the most readily available means to contact a responsible party regarding this property.
the same to interior of building and/or units for inspection. This person must also socied in one of the following
Person to provide access to interior of building and/or units for inspection. This person must also reside in one of the following
counties; Milwaukee, Ozaukee, Kenosha, Racine, Walworth, Washington and Waukesha.
counties; Milwaukee, Ozaukee, Kenosha, Racine, Walworth, Washington and Waukesha.  Manager or Agent's Name Company Name
counties; Milwaukee, Ozaukee, Kenosha, Racine, Walworth, Washington and Waukesha.  Manager or Agent's Name Company Name
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counties; Milwaukee, Ozaukee, Kenosha, Racine, Walworth, Washington and Waukesha.  Manager or Agent's Name Company Name State Zip Home Phone Day /Work Phone Cell Phone
Counties; Milwaukee, Ozaukee, Kenosha, Racine, Walworth, Washington and Waukesha.  Manager or Agent's Name Company Name State Zip Home Phone Day /Work Phone Cell Phone Cell Phone E-mail Address (optional) AFFIDAVIT
Counties; Milwaukee, Ozaukee, Kenosha, Racine, Walworth, Washington and Waukesha.  Manager or Agent's Name Company Name  Mailing Address City State Zip  Home Phone Day /Work Phone Cell Phone  E-mail Address (optional)  AFFIDAVIT  I hereby certify that I have the authority to make the foregoing application and that the application, to the best of my
Counties; Milwaukee, Ozaukee, Kenosha, Racine, Walworth, Washington and Waukesha.  Manager or Agent's Name Company Name State Zip Home Phone Day /Work Phone Cell Phone E-mail Address (optional) AFFIDAVIT  I hereby certify that I have the authority to make the foregoing application and that the application, to the best of my knowledge, is complete and correct.
Counties; Milwaukee, Ozaukee, Kenosha, Racine, Walworth, Washington and Waukesha.  Manager or Agent's Name
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Counties; Milwaukee, Ozaukee, Kenosha, Racine, Walworth, Washington and Waukesha.  Manager or Agent's Name

### Receipt of A.R.A.B. Appeal Fee

Date: 12/14/2020

Received Of: Shaukat Ali

Property at: 3267 N. Holton St.

Received By: LME

Check # (If Applicable): Money order 2665-172340

\$25.00