

Tax year 2024 BOR no. 24-042
County Clark Date received 3/27/25

DTE 1
Rev. 12/22

MAR 27 2025

HILLARY HAMILTON
AUDITOR

Complaint Against the Valuation of Real Property

Answer all questions and type or print all information. Read instructions on back before completing form.

Attach additional pages if necessary.

This form is for full market value complaints only. All other complaints should use DTE Form 2

☒ Original complaint ☐ Counter complaint

Notices will be sent only to those named below.

	Name	Street address, City, State, ZIP code	
1. Owner of property	Jordan Chapman	8055 Earlough Rd South Charleston OH 45368	
2. Complainant if not owner			
3. Complainant's agent			
4. Telephone number and email address of contact person 954 464 7911 Jordan.Chapman.OS@gmail.com			
5. Complainant's relationship to property, if not owner			
If more than one parcel is included, see "Multiple Parcels" Instruction.			
6. Parcel numbers from tax bill	Address of property		
0801601324000032	2990 S. River Rd South Charleston, OH 45368		
7. Principal use of property Vacant			
8. The increase or decrease in market value sought. Counter-complaints supporting auditor's value may have -0- in Column C.			
Parcel number	Column A Complainant's Opinion of Value (Full Market Value)	Column B Current Value (Full Market Value)	Column C Change in Value
0801601324000032	\$64,100	\$116,480	\$52,380
9. The requested change in value is justified for the following reasons: Home destroyed By Fire			

10. Was property sold within the last three years? ☒ Yes ☐ No ☐ Unknown If yes, show date of sale 03/13/2022
and sale price \$ 55000 ; and attach information explained in "Instructions for Line 10" on back.

11. If property was not sold but was listed for sale in the last three years, attach a copy of listing agreement or other available evidence.

12. If any improvements were completed in the last three years, show date N/A and total cost \$ _____.

13. Do you intend to present the testimony or report of a professional appraiser? ☐ Yes ☐ No ☒ Unknown

14. If you have filed a prior complaint on this parcel since the last reappraisal or update of property values in the county, the reason for the valuation change requested must be one of those below. Please check all that apply and explain on attached sheet. See R.C. section 5715.19(A)(2) for a complete explanation.


- | | |
|--|---|
| <input type="checkbox"/> The property was sold in an arm's length transaction. | <input type="checkbox"/> The property lost value due to a casualty. |
| <input type="checkbox"/> A substantial improvement was added to the property. | <input type="checkbox"/> Occupancy change of at least 15% had a substantial economic impact on my property. |

15. If the complainant is a legislative authority and the complaint is an original complaint with respect to property not owned by the complainant, R.C. 5715.19(A)(8) requires this section to be completed.

- ☐ The complainant has complied with the requirements of R.C. section 5715.19(A)(6)(b) and (7) and provided notice prior to the adoption of the resolution required by division (A)(6)(b) of that section as required by division (A)(7) of that section.

I declare under penalties of perjury that this complaint (including any attachments) has been examined by me and to the best of my knowledge and belief is true, correct and complete.

Date 03/11/2025 Complainant or agent (printed) Jordan Chapman Title (if agent) _____

Complainant or agent (signature) 

Sworn to and signed in my presence, this _____ day of _____, _____
(Date) (Month) (Year)

Notary _____

FILED
CLARK COUNTY AUDITOR
MAR 27 2025
HILLARY HAMILTON
AUDITOR

Photo Sheet

Capital Property Market Claim Office

P.O. Box 660636
Dallas, TX 75266
Phone: (800) 729-6400
Fax: (866) 480-5911

Insured: JOHAN CHAPMAN

Claim #: 0671496023

Policy #: 000826571286



11-Rear elevation, fired damaged siding.

Date Taken: 6/5/2022



12-Rear elevation, fire damaged siding.

Date Taken: 6/5/2022

Photo Sheet

Capital Property Market Claim Office

P.O. Box 660636
Dallas, TX 75266
Phone: (800) 729-6400
Fax: (866) 480-5911

Insured: JC AN CHAPMAN

Claim #: 0671496023

Policy #: 000826571286



17-Fire damaged roof.

Date Taken: 6/5/2022



18-Fire damaged roof.

Date Taken: 6/5/2022

Photo Sheet

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Phone: (800) 729-6400
Fax: (866) 480-5911

Insured: JON AN CHAPMAN

Claim #: 0671496023

Policy #: 000826571286



25-Bedroom, fire damaged trusses and sheathing.

Date Taken: 6/5/2022



26-Bedroom, fire damaged trusses and sheathing.

Date Taken: 6/5/2022

Photo Sheet

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**29-Bedroom, fire damaged
hardwood flooring.**

Date Taken: 6/5/2022



**30-Bedroom, fire damaged
hardwood flooring.**

Date Taken: 6/5/2022

Photo Sheet

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75-Kitchen, fire damaged walls.

Date Taken: 6/5/2022



76-Kitchen, fire damaged walls.

Date Taken: 6/5/2022

Photo Sheet

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113-Mud room, damaged ceiling.

Date Taken: 6/5/2022



114-Mud room, damaged ceiling.

Date Taken: 6/5/2022