

JAN - 9 2025

Tax year 2024 BOR no. 2024-002
County Clark Date received 1/9/2025

DTE 1
Rev. 12/22

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	Gesse Properties of Ohio, LLC		111 Tremont City Road, Springfield, OH
2. Complainant if not owner			
3. Complainant's agent			
4. Telephone number and email address of contact person			
Tabb Gesse, Owner 937-831-0937 tgesse@juno.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	
220-03-00034-000-051		111 Tremont City Road, Springfield, OH 45502	
7. Principal use of property Self Storage			
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
220-03-00034-000-51	1,052,170	1,140,530	88,360
		1,118,440 BM	66,270 BM
9. The requested change in value is justified for the following reasons: For real estate tax year 2021 payable 2022, the Market Value was \$817,550 (Land - \$174,300 Building - \$643,250). I added a 4200' storage building in 2020 for \$53,250, another 4200' storage building in 2021 for \$63,200 and the most recent 4200' storage building was added in 2023 for \$70,700 for a total of \$187,150. The most recent tax bill for tax year 2023 payable 2024 showed the Market Value was \$1,052,170 (Land - \$174,300 Building - \$877,870) which reflects an increase of \$234,260 in Building Value. This value exceeds the price I paid by \$47,400 or approximately 25%. I don't believe the proposed increase of \$88,360 is justified since I have not added any other buildings. In addition, on November 9, 2024, we lost one of the new buildings to fire. See attached fire report/pictures.			

10. Was property sold within the last three years? Yes No Unknown If yes, show date of sale _____

and sale price \$ _____ ; 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 (see above) and total cost \$ (see above).

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.

- The property was sold in an arm's length transaction.
- A substantial improvement was added to the property.
- The property lost value due to a casualty.
- 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.

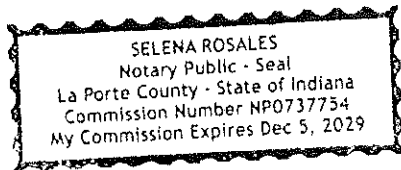
I declare under penalties of perjury that this complaint (including any attachments) has been examined by me and to the best of my knowledge and belief is true, correct and complete.

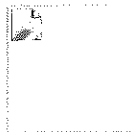
Date 1/6/25 Complainant or agent (printed) ABB GRESSE Title (if agent) _____

Complainant or agent (signature) [Signature]

Sworn to and signed in my presence, this 01/06/2025 day of January 2025

Notary [Signature]





INCIDENT

Incident Number 24MO01915	Incident Date 11/09/2024	NFIRS Number 0002033	Incident Type (111) - Building fire
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FDID 12113	Station Moorefield Township Fire Department	Shift 1st Shift	District Moorefield Township
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Initial Dispatch Code
FSTRU

Alarms	Working Fire? Yes	COVID-19 was a factor	Critical Incident	Critical Incident Team
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Temporary Resident Involvement

Hazardous Materials Released

Action Taken 1
(11) - Extinguishment by fire service personnel

Action Taken 2
(12) - Salvage & overhaul

Action Taken 3
(81) - Incident command

AID

Aid Given/Received
(1) - Mutual aid received

Aided Agency	Their Incident Number
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Aiding Agencies
German Township, Springfield Fire Rescue Division, Springfield Township, Clark County Sheriff's Office

LOCATION

Location Type
(1) - Street address

Address
111 TREMONT CITY Road, Springfield, Ohio, 45502

Cross Street, USNG, or Directions	Latitude 40.00493800	Longitude -83.80009000	Census Tract
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Detector Alerted Occupant

Property Use (899) - Residential or self-storage units	Mixed Use
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ⓐ TIMES

PSAP Received <u>06:22:23, 11/09/2024</u>	Dispatch Notified Time <u>06:22:23, 11/09/2024</u>	Alarm Time <u>06:22:23, 11/09/2024</u>
Arrival Time <u>06:31:48, 11/09/2024</u>	Water on Fire Time _____	At Patient Time <u>06:31:48, 11/09/2024</u>
Loss Stop Time _____	Controlled Time _____	Last Unit Cleared Time <u>09:39:19, 11/09/2024</u>
Total On Scene Time <u>3 hrs 7 mins 31 sec</u>	Total Incident Time <u>3 hrs 16 mins 56 sec</u>	

ⓑ COUNTS

Counts Include Aid Received?
No

Suppression:		EMS:		Other:	
Apparatus	Personnel	Apparatus	Personnel	Apparatus	Personnel
<u>5</u>	<u>19</u>	<u>1</u>	<u>2</u>	<u>1</u>	<u>1</u>

Ⓒ LOSS

Property:	Content:
Estimated Property Losses <u>\$100000</u>	Estimated Content Losses <u>\$50000</u>
Estimated Property Value <u>\$160000</u>	Estimated Content Value <u>\$</u>

Ⓓ PERSON/OWNER

Owner:

Name _____	Business Name _____	Phone _____
Insurance Company _____	Total Insurance Amount _____	
Address _____		

Person:

Name _____	Business Name _____	Phone _____
Address _____		

Ⓔ AUTHORIZATION

Report Writer:

Name <u>STEVENS, KEVIN</u>	Employee Number <u>354</u>	Assignment _____	Authorization Date <u>11/12/2024</u>
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Officer in Charge:

AUTHORIZATION

Name	Employee Number	Assignment	Authorization Date
<u>STEVENS, KEVIN</u>	<u>354</u>	<u></u>	<u>11/12/2024</u>

Quality Control:

Name	Authorization Date
<u>STEVENS, KEVIN</u>	<u>11/12/2024</u>

INCIDENT NARRATIVE

Dispatch- Dispatched to 111 Tremont City Road for a self storage facility on fire. Updated by dispatch that a female in unit 312 building number 16, knocked over a candle and caught the unit on fire.

On arrival, E-174 reported a large fire in storage building number 16 in the rear of the facility, at that time Chief 174 called for an Engine from SFRD and a full response from German Township. E-174 and Chief 1 used bolt cutters to gain entry through front gate.

E-174 deployed a 200' pre-connect 1.75" and started extinguishment on the Charlie side in unit 312, at this point, there were approximately 6 units fully involved, Springfield E-7 arrived and deployed a 200' pre-connect off E-174 to the Alpha side for extinguishment.

Tanker 74 and Tanker 78 supplied E-174 with water, German Township Engine crew assisted with extinguishment and opening up the building. Truck 1-74 assisted crews with extinguishment and deployed a 150' pre-connect bumper line off E-174 to the Charlie side.

Springfield Township requested for man power, E-72 and Ladder-58 arrived and assisted with overhaul and extinguishment. Truck 174 set up for ariel operations using a hydrant on Tremont Lane. Aerial operations done for about 20 minutes.

Crews operated on scene for 4.5 hours, used about 10,000 gallons of water, there were approximately 12 storage units that had heavy fire damage and 10 with heavy smoke, heat and water damage.

The reporting party is still on scene. (Phaedra Warner) she states she can't write a statement, but gave me and CCSO Deputy Reynolds a verbal statement of " she was in unit 312 looking for tools she needed for a job that day when she must have fell asleep and knocked over a candle she was using for light and it ignited the contents in this unit and it quickly spread". She states to me that she wasn't living in the storage unit.

The building owner is on scene and was given an update. Mutual Aid crew released and Moorefield units picked up equipment and checked for hot-spots then returned to service.

Chief Kevin Stevens

Created By: STEVENS, KEVIN

Unit Reports

T174

Use	Responding From	Priority
<u>(1) - Suppression</u>	<u>Springfield 45503</u>	<u>Emergent</u>

Response Delays

Staff Delay

Dispatch Time	Enroute Time	Arrival Time
<u>06:42:26, 11/09/2024</u>	<u>06:44:17, 11/09/2024</u>	<u>06:46:59, 11/09/2024</u>

At Patient Time	Clear Time	In District Time
<u>06:46:59, 11/09/2024</u>	<u>09:39:19, 11/09/2024</u>	<u></u>

Actions Taken:

Provide water

Personnel

KATHY BARTLETT

TR174

Use (1) - Suppression	Responding From Springfield 45503	Priority Emergent
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Response Delays
Staff Delay

Dispatch Time 06:35:06, 11/09/2024	Enroute Time 06:40:49, 11/09/2024	Arrival Time 06:46:25, 11/09/2024
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At Patient Time 06:46:25, 11/09/2024	Clear Time 09:39:19, 11/09/2024	In District Time
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Actions Taken:
Extinguishment by fire service personnel

Personnel
MARK BLEVINS, CHARLES ATKINSON, JOHN MCKINNEY

E174

Use (1) - Suppression	Responding From Springfield 45503	Priority Emergent
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Response Delays
None/No Delay

Dispatch Time 06:24:09, 11/09/2024	Enroute Time 06:31:12, 11/09/2024	Arrival Time 06:31:48, 11/09/2024
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At Patient Time 06:31:48, 11/09/2024	Clear Time 09:39:19, 11/09/2024	In District Time
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Actions Taken:
Extinguishment by fire service personnel

Personnel
SKYLER BAISE, LANCE CARTMELL

U174

Use (0) - Other	Responding From Springfield 45503	Priority Emergent
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Response Delays
None/No Delay

Dispatch Time 06:22:23, 11/09/2024	Enroute Time 06:23:15, 11/09/2024	Arrival Time 06:31:48, 11/09/2024
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At Patient Time	Clear Time 09:39:19, 11/09/2024	In District Time 10:00:00, 11/09/2024
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Actions Taken:
Incident command

Personnel
KEVIN STEVENS



1 SITE INFO

Alarms	Acres Burned	Resident Units In Bldg	Buildings Involved
_____	_____	_____	<u>1</u>
Hydrant Identifier	Estimated Water Usage		
_____	<u>7000</u>		

ON-SITE MATERIALS

Material ID 1	Storage Use ID 1
<u>(000) - On-site materials, other</u>	<u>(U) - Undetermined</u>

IGNITION

Area of Origin
(40) - Storage area, other

Heat Source
(66) - Candle

Item First Ignited	Fire Confined to Item?
<u>(57) - Bulk storage</u>	_____

Type of Material First Ignited
(UU) - Undetermined

Cause of Ignition
(2) - Unintentional

Factors Contributing to Ignition 1
(12) - Heat source too close to combustibles.

Human Factors Contributing to Ignition
(1) - Asleep

Est. Age of Person Involved	Gender of Person Involved
_____	_____

STRUCTURE

Structure Type
(1) - Enclosed building

Stories Above Grade	Stories Below Grade	Building Status
<u>1</u>	<u>0</u>	<u>(2) - In normal use</u>

Length	Width	Total Square Feet	Story of Fire Origin
<u>100 ft</u>	<u>40 ft</u>	<u>4000 sq ft</u>	<u>1</u>

Fire Spread
(4) - Confined to building of origin

Item Contributing Most to Flame Spread	Type of Material
_____	_____

Number of Stories with Damage

Minor Damage	Significant Damage	Heavy Damage	Extreme Damage	Total Stories
_____	_____	<u>1</u>	_____	_____

PROTECTIVE SYSTEMS

Presence of Detector (N) - None present Detector Type

Power Supply Detector Operations

Effectiveness (/Failure Reason)

Presence of Auto Extinguishing System (N) - None Present System Type

System Operation # of Sprinklers Reason for System Failure







