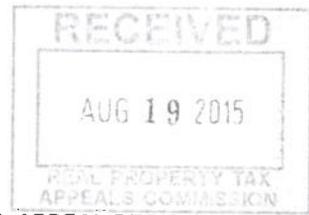


**GOVERNMENT OF THE DISTRICT OF COLUMBIA
REAL PROPERTY TAX APPEALS COMMISSION**



Real Property Assessment Appeal Form – Tax Year 2016

YOU MUST FILE YOUR APPEAL WITHIN 45 DAYS OF THE DATE OF YOUR NOTICE OF 1ST LEVEL APPEAL DECISION

*Owner's Name: Half Street Residential PJV LLC *Square: 0701 *Suffix: _____ *Lot: 7035

*Property Address: Half Street *Tax Class 002- Commercial *Neighborhood Code Old City I
Will you be appealing any other properties? Yes No, If Yes, please complete an appeal application for each.

*Contact Phone Numbers: 703-245-9729 E-mail: jeremy.chitlik@altusgroup.com

* Required information

Assessed Value of Tax Years

Last Year 2015	Proposed TY 2016	First Level Assessment Appeal Decision
Land \$ <u>10,261,125</u>	\$ <u>10,261,125</u>	\$ <u>10,261,125</u>
Building \$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Total \$ <u>10,261,125</u>	\$ <u>10,261,125</u>	\$ <u>10,261,125</u>

Please indicate the basis for your appeal (examples of supporting documentation are shown below):

<input type="checkbox"/> Estimated Market Value	Examples: recent written appraisal; recent settlement statement; property insurance documents
<input type="checkbox"/> Equalization	Example: a listing of properties that you consider to be comparable to your property.
<input checked="" type="checkbox"/> Classification	Indicate current use of the property, and date the use started: Date: _____ <input checked="" type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Mixed Use <input type="checkbox"/> Vacant <input type="checkbox"/> Blight
<input type="checkbox"/> Property Damage or Condition	Please describe and provide evidence such as cost estimates and damage claims. Color photographs are strongly encouraged.
<input type="checkbox"/> Disputed Property Record	Explain: _____

Property Value Information

If your property has been privately appraised within the past 12 months prior to January 1st please attach a copy with the appeal.
Purchase price of the property \$ _____ Date of Purchase _____ Your estimate of value \$ N/a

Please state the justification for your appeal. (Attach additional or supporting documents.)

We conduct both telephone and in-person hearings as well as non-appearance reviews of the written record. Telephone and in-person hearings are conducted by appointment only. If you fail to appear and **have not** notified us twenty-four (24) hours in advance of the appointed time, your hearing will be converted to a non-appearance review of the written record and only the information furnished with your original petition will be considered in the review.

Please select your preferred hearing method: Non-Appearance Telephone In-Person
(Contact Phone Number)

I certify under penalty of law that the information provided is true, correct and complete to the best of my knowledge and belief. Making a false statement as to material facts is punishable by criminal penalties D.C. Code Section 22-2514

Return 1 original and 4 copies of form to:
Real Property Tax Appeals Commission
441 4th Street, NW
Suite 360 North
Washington, D.C. 20001
(202) 727-6860

Owner/Agent* Print Name: Jeremy Chitlik
Signature: _____
Date (mm/dd/yyyy): 08/18/2015
Mailing Address: 910 Ridgebrook Rd, Suite 200
City: Sparks State: MD Zip: 21152
Phone: 703-245-9729 Email: jeremy.chitlik@altusgroup.com

*If not the owner, a notarized RPTAC Letter of Agent Authorization must be attached. OTR's Letter of Agent Authorization will not be accepted.

GOVERNMENT OF THE DISTRICT OF COLUMBIA
REAL PROPERTY TAX APPEALS COMMISSION



Real Property Assessment Appeal Form – Tax Year 2016

YOU MUST FILE YOUR APPEAL WITHIN 45 DAYS OF THE DATE OF YOUR NOTICE OF 1ST LEVEL APPEAL DECISION

*Owner's Name: Half Street Residential PJV LLC *Square: 0701 *Suffix: _____ *Lot: 7036

*Property Address: Half Street *Tax Class 002- Commercial *Neighborhood Code Old City I
Will you be appealing any other properties? Yes No, If Yes, please complete an appeal application for each.

*Contact Phone Numbers: 703-245-9729 E-mail: jeremy.chitlik@altusgroup.com
* Required information

Assessed Value of Tax Years

Last Year 2015	Proposed TY 2016	First Level Assessment Appeal Decision
Land \$7,052,250	\$7,052,250	\$7,052,250
Building \$0	\$0	\$0
Total \$7,052,250	\$7,052,250	\$7,052,250

Please indicate the basis for your appeal (examples of supporting documentation are shown below):

<input type="checkbox"/> Estimated Market Value	Examples: recent written appraisal; recent settlement statement; property insurance documents
<input type="checkbox"/> Equalization	Example: a listing of properties that you consider to be comparable to your property.
<input checked="" type="checkbox"/> Classification	Indicate current use of the property, and date the use started: Date: _____ <input checked="" type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Mixed Use <input type="checkbox"/> Vacant <input type="checkbox"/> Blight
<input type="checkbox"/> Property Damage or Condition	Please describe and provide evidence such as cost estimates and damage claims. Color photographs are strongly encouraged.
<input type="checkbox"/> Disputed Property Record	Explain: _____

Property Value Information

If your property has been privately appraised within the past 12 months prior to January 1st please attach a copy with the appeal.
Purchase price of the property \$ _____ Date of Purchase _____ Your estimate of value \$ N/a

Please state the justification for your appeal. (Attach additional or supporting documents.)

We conduct both telephone and in-person hearings as well as non-appearance reviews of the written record. Telephone and in-person hearings are conducted by appointment only. If you fail to appear and **have not** notified us twenty-four (24) hours in advance of the appointed time, your hearing will be converted to a non-appearance review of the written record and only the information furnished with your original petition will be considered in the review.

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Washington, D.C. 20001
(202) 727-6860

Owner/Agent* Print Name: Jeremy Chitlik
Signature: [Signature]
Date (mm/dd/yyyy): 08/18/2015
Mailing Address: 910 Ridgebrook Rd, Suite 200
City: Sparks State: MD Zip: 21152
Phone: 703-245-9729 Email: jeremy.chitlik@altusgroup.com

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**GOVERNMENT OF THE DISTRICT OF COLUMBIA
REAL PROPERTY TAX APPEALS COMMISSION**



Real Property Assessment Appeal Form – Tax Year 2016

YOU MUST FILE YOUR APPEAL WITHIN 45 DAYS OF THE DATE OF YOUR NOTICE OF 1ST LEVEL APPEAL DECISION

*Owner's Name: Half Street Residential PIV LLC *Square: 0701 *Suffix: _____ *Lot: 7037

*Property Address: Half Street *Tax Class 002- Commercial *Neighborhood Code Old City I
Will you be appealing any other properties? Yes No, If Yes, please complete an appeal application for each.

*Contact Phone Numbers: 703-245-9729 E-mail: jeremy.chitlik@altusgroup.com

* Required information

Assessed Value of Tax Years

Last Year 2015	Proposed TY 2016	First Level Assessment Appeal Decision
Land \$ <u>3,514,200</u>	\$ <u>3,514,200</u>	\$ <u>3,514,200</u>
Building \$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Total \$ <u>3,514,200</u>	\$ <u>3,514,200</u>	\$ <u>3,514,200</u>

Please indicate the basis for your appeal (examples of supporting documentation are shown below):

<input type="checkbox"/> Estimated Market Value	Examples: recent written appraisal; recent settlement statement; property insurance documents
<input type="checkbox"/> Equalization	Example: a listing of properties that you consider to be comparable to your property.
<input checked="" type="checkbox"/> Classification	Indicate current use of the property, and date the use started: Date: _____ <input checked="" type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Mixed Use <input type="checkbox"/> Vacant <input type="checkbox"/> Blight
<input type="checkbox"/> Property Damage or Condition	Please describe and provide evidence such as cost estimates and damage claims. Color photographs are strongly encouraged.
<input type="checkbox"/> Disputed Property Record	Explain:

Property Value Information

If your property has been privately appraised within the past 12 months prior to January 1st please attach a copy with the appeal.
Purchase price of the property \$ _____ Date of Purchase _____ Your estimate of value \$ N/a

Please state the justification for your appeal. (Attach additional or supporting documents.)

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(Contact Phone Number)

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(202) 727-6860

Owner/Agent* Print Name: Jeremy Chitlik
Signature: _____
Date (mm/dd/yyyy): 08/18/2015
Mailing Address: 910 Ridgebrook Rd, Suite 200
City: Sparks State: MD Zip: 21152
Phone: 703-245-9729 Email: jeremy.chitlik@altusgroup.com

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REAL PROPERTY TAX APPEALS COMMISSION**



Real Property Assessment Appeal Form – Tax Year 2016

YOU MUST FILE YOUR APPEAL WITHIN 45 DAYS OF THE DATE OF YOUR NOTICE OF 1ST LEVEL APPEAL DECISION

*Owner's Name: Half Street Residential PJV LLC *Square: 0701 *Suffix: _____ *Lot: 7038

*Property Address: Half Street *Tax Class 002- Commercial *Neighborhood Code Old City I
Will you be appealing any other properties? Yes No, If Yes, please complete an appeal application for each.

*Contact Phone Numbers: 703-245-9729 E-mail: jeremy.chitlik@altusgroup.com

* Required information

Assessed Value of Tax Years

Last Year 2015	Proposed TY 2016	First Level Assessment Appeal Decision
Land \$ <u>223,890</u>	\$ <u>223,890</u>	\$ <u>223,890</u>
Building \$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Total \$ <u>223,890</u>	\$ <u>223,890</u>	\$ <u>223,890</u>

Please indicate the basis for your appeal (examples of supporting documentation are shown below):

<input type="checkbox"/> Estimated Market Value	Examples: recent written appraisal; recent settlement statement; property insurance documents
<input type="checkbox"/> Equalization	Example: a listing of properties that you consider to be comparable to your property.
<input checked="" type="checkbox"/> Classification	Indicate current use of the property, and date the use started: Date: _____ <input checked="" type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Mixed Use <input type="checkbox"/> Vacant <input type="checkbox"/> Blight
<input type="checkbox"/> Property Damage or Condition	Please describe and provide evidence such as cost estimates and damage claims. Color photographs are strongly encouraged.
<input type="checkbox"/> Disputed Property Record	Explain: _____

Property Value Information

If your property has been privately appraised within the past 12 months prior to January 1st please attach a copy with the appeal.
Purchase price of the property \$ _____ Date of Purchase _____ Your estimate of value \$ N/a

Please state the justification for your appeal. (Attach additional or supporting documents.)

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Please select your preferred hearing method: Non-Appearance Telephone _____ (Contact Phone Number) In-Person

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