

ASSESSMENT APPEAL APPLICATION

This form contains all of the requests for information that are required for filing an application for changed assessment. Failure to complete this application may result in rejection of the application and/or denial of the appeal. Applicants should be prepared to submit additional information if requested by the assessor or at the time of the hearing. Failure to provide information at the hearing the appeals board considers necessary may result in the continuance of the hearing or denial of the appeal. Do not attach hearing evidence to this application.

RECEIVED
NOV 25 2024
MADERA COUNTY BOARD OF SUPERVISORS

Madera County Assessment Appeals Board
Attn: Clerk of the Board of Supervisors
200 W. 4th Street, 4th Floor
Madera, CA 93637
Office: (559) 675-7700 www.maderacounty.com

A \$200.00 Hearing Fee (per Application) must be submitted at the time of filing. See attached "Information and Instructions for Assessment Appeal Application" for more information.

APPLICATION NUMBER: Clerk Use Only
24R010

1. APPLICANT INFORMATION - PLEASE PRINT

NAME OF APPLICANT (LAST, FIRST, MIDDLE INITIAL), BUSINESS, OR TRUST NAME
J R P Hospitality Inc

EMAIL ADDRESS
oconnorappeal@poconnor.com

MAILING ADDRESS OF APPLICANT (STREET ADDRESS OR P. O. BOX)
4 Zelkova Run Rd

CITY Moorestown	STATE NJ	ZIP CODE 08057	DAYTIME TELEPHONE (856) 981-8544	ALTERNATE TELEPHONE ()	FAX TELEPHONE ()
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2. CONTACT INFORMATION - AGENT, ATTORNEY, OR RELATIVE OF APPLICANT if applicable - (REPRESENTATION IS OPTIONAL)

NAME OF AGENT, ATTORNEY, OR RELATIVE (LAST, FIRST, MIDDLE INITIAL)
Patel, Hemin

EMAIL ADDRESS
oconnorappeal@poconnor.com

COMPANY NAME
O'Connor and Associates

CONTACT PERSON IF OTHER THAN ABOVE (LAST, FIRST, MIDDLE INITIAL)
Le, Du

MAILING ADDRESS (STREET ADDRESS OR P. O. BOX)
2200 North Loop West, Suite 310

CITY Houston	STATE TX	ZIP CODE 77018	DAYTIME TELEPHONE (210) 304-9052	ALTERNATE TELEPHONE ()	FAX TELEPHONE ()
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AUTHORIZATION OF AGENT **AUTHORIZATION ATTACHED**

The following information must be completed (or attached to this application - see instructions) unless the agent is a licensed California attorney as indicated in the Certification section, or a spouse, child, parent, registered domestic partner, or the person affected. If the applicant is a business entity, the agent's authorization must be signed by an officer or authorized employee of the business.

The person named in Section 2 above is hereby authorized to act as my agent in this application, and may inspect assessor's records, enter in stipulation agreements, and otherwise settle issues relating to this application.

SIGNATURE OF APPLICANT, OFFICER, OR AUTHORIZED EMPLOYEE 	TITLE National Property Tax Consultant	DATE 11/21/24
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3. PROPERTY IDENTIFICATION INFORMATION

Yes No Is this property a single-family dwelling that is occupied as the principal place of residence by the owner?

ENTER APPLICABLE NUMBER FROM YOUR NOTICE/TAX BILL

ASSESSOR'S PARCEL NUMBER 002-290-012-000	ASSESSMENT NUMBER	FEE NUMBER
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ACCOUNT NUMBER	TAX BILL NUMBER
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PROPERTY ADDRESS OR LOCATION 309 Prosperity Blvd	DOING BUSINESS AS (DBA), if appropriate
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PROPERTY TYPE

- | | | |
|---|---|--|
| <input type="checkbox"/> SINGLE-FAMILY / CONDOMINIUM / TOWNHOUSE / DUPLEX | <input type="checkbox"/> AGRICULTURAL | <input type="checkbox"/> POSSESSORY INTEREST |
| <input type="checkbox"/> MULTI-FAMILY/APARTMENTS: NO. OF UNITS _____ | <input type="checkbox"/> MANUFACTURED HOME | <input type="checkbox"/> VACANT LAND |
| <input type="checkbox"/> COMMERCIAL/INDUSTRIAL | <input type="checkbox"/> WATER CRAFT | <input type="checkbox"/> AIRCRAFT |
| <input type="checkbox"/> BUSINESS PERSONAL PROPERTY/FIXTURES | <input checked="" type="checkbox"/> OTHER: <u>Hotel</u> | |

4. VALUE

A. VALUE ON ROLL	B. APPLICANT'S OPINION OF VALUE	C. APPEALS BOARD USE ONLY
LAND	\$640,255	\$640,255
IMPROVEMENTS/STRUCTURES	\$6,865,520	\$5,492,416
FIXTURES	\$13,820	\$13,820
PERSONAL PROPERTY (see instructions)	\$172,420	\$172,420
MINERAL RIGHTS		
TREES & VINES		
OTHER		
TOTAL	\$7,692,015	\$6,318,911
PENALTIES (amount or percent)		

5. TYPE OF ASSESSMENT BEING APPEALED *Check only one. See instructions for filing periods*

- *REGULAR ASSESSMENT – VALUE AS OF JANUARY 1 OF THE CURRENT YEAR
- SUPPLEMENTAL ASSESSMENT
 *DATE OF NOTICE: _____ **ROLL YEAR: _____
- ROLL CHANGE ESCAPE ASSESSMENT CALAMITY REASSESSMENT PENALTY ASSESSMENT
 *DATE OF NOTICE: _____ **ROLL YEAR: _____
**Must attach copy of notice or bill, where applicable **Each roll year requires a separate application*

6. REASON FOR FILING APPEAL (FACTS) *See instructions before completing this section.*

If you are uncertain of which item to check, please check "I. OTHER" and provide a brief explanation of your reasons for filing this application. The reasons that I rely upon to support requested changes in value are as follows:

- A. DECLINE IN VALUE
 The assessor's roll value exceeds the market value as of January 1 of the current year.
- B. CHANGE IN OWNERSHIP
 1. No change in ownership occurred on the date of _____.
 2. Base year value for the change in ownership established on the date of _____ is incorrect.
- C. NEW CONSTRUCTION
 1. No new construction occurred on the date of _____.
 2. Base year value for the completed new construction established on the date of _____ is incorrect.
 3. Value of construction in progress on January 1 is incorrect.
- D. CALAMITY REASSESSMENT
 Assessor's reduced value is incorrect for property damaged by misfortune or calamity.
- E. BUSINESS PERSONAL PROPERTY/FIXTURES. Assessor's value of personal property and/or fixtures exceeds market value.
 1. All personal property/fixtures.
 2. Only a portion of the personal property/fixtures. Attach description of those items.
- F. PENALTY ASSESSMENT
 Penalty assessment is not justified.
- G. CLASSIFICATION/ALLOCATION
 1. Classification of property is incorrect.
 2. Allocation of value of property is incorrect (e.g., between land and improvements).
- H. APPEAL AFTER AN AUDIT. Must include description of each property, issues being appealed, and your opinion of value.
 1. Amount of escape assessment is incorrect.
 2. Assessment of other property of the assessee at the location is incorrect.
- I. OTHER
 Explanation (attach sheet if necessary) Intangible

7. WRITTEN FINDINGS OF FACTS (\$500.00 deposit plus actual costs per Application. See attached Information and Instructions.)

- Are requested. Are not requested.

8. THIS APPLICATION IS DESIGNATED AS A CLAIM FOR REFUND See instructions.

- Yes No

CERTIFICATION

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, including any accompanying statements or documents, is true, correct, and complete to the best of my knowledge and belief and that I am (1) the owner of the property or the person affected (i.e., a person having a direct economic interest in the payment of taxes on that property – "The Applicant"), (2) an agent authorized by the applicant under item 2 of this application, or (3) an attorney licensed to practice law in the State of California, State Bar Number _____, who has been retained by the applicant and has been authorized by that person to file this application.

SIGNATURE (Use Blue Pen - Original signature required on paper-filed application) 	SIGNED AT (CITY, STATE) Houston, Texas	DATE 11/21/24
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NAME (Please Print)

Hemin Patel

FILING STATUS (IDENTIFY RELATIONSHIP TO APPLICANT NAMED IN SECTION 1)

- OWNER AGENT ATTORNEY SPOUSE REGISTERED DOMESTIC PARTNER CHILD PARENT PERSON AFFECTED
- CORPORATE OFFICER OR DESIGNATED EMPLOYEE

County Use Only	County Use Only – Hearing Fee	County Use Only – Written Findings of Facts Deposit
Received by: <input type="checkbox"/> Walk-in <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Certified Mail	Rec'd: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order #	Rec'd: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order #
Hearing Fee Exempt: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Check # <u>35761</u>	<input type="checkbox"/> Check #
Return to Applicant: <input type="checkbox"/> No Fee Rec'd <input type="checkbox"/> Needs Corrections	Receipt No: <u>630950</u> Dated: <u>01/27/25</u>	Receipt No: Dated:

MADERA COUNTY 2024 - 2025 PROPERTY TAX BILL
TRACY KENNEDY TREASURER-TAX COLLECTOR
200 W. 4TH ST. 2ND FLOOR, MADERA CA 93637, PHONE 559-675-7713
SECURED TAX ROLL FOR FISCAL YEAR JULY 1, 2024 - JUNE 30, 2025

PROPERTY INFORMATION		IMPORTANT MESSAGES	
ASMT NUMBER:	002-290-012-000	TAX RATE AREA:	001010
ORIG ASMT:	002-290-012-000	ACRES:	1.51
FEE NUMBER:	002-290-012-000		
LOCATION:	309 PROSPERITY BLVD		

309 PROSPERITY BLVD
CHOWCHILLA CA 93610

2024-2025

COUNTY VALUES, EXEMPTIONS, AND TAXES				
PHONE #	DESCRIPTION	PRIOR	CURRENT	BILLED
(Land) 559-675-7710	LAND	0	640255	640255
(Fixed Improvements) 559-675-	FIXED IMPROVEMENTS	0	13820	13820
(Growing) 559-675-7710		0	0	0
(Structural Imprv) 559-675-77	STRUCTURAL IMPROVEMENTS	0	6865520	6865520
(Personal property) 559-675-7	PERSONAL PROPERTY	0	172420	172420
(MH PP) 559-675-7710		0	0	0
(Exemptions) 559-675-7710		0	0	0
		0	0	0
NET TAXABLE VALUE				7692015
VALUES X TAX RATE PER \$100 1.000000				\$76,920.14

VOTER APPROVED TAXES / TAXING AGENCY DIRECT CHARGES & SPECIAL ASSESSMENTS / FEES							
PHONE #	CODE	DESCRIPTION	ASSESSED VALUE	X	TAX RATE / 100	=	TAX AMOUNT
	14011	CHOWCHILLA HIGH BOND 2006	7692015		0.010714		\$824.12
	14012	CHOWCHILLA UHSD 14 GO BOND	7692015		0.016925		\$1,301.86
	14013	CHOWCHILLA ELEM 2016 GO BOND	7692015		0.005696		\$438.12
	14014	CHOWCHILLA ELEM 2016B	7692015		0.009231		\$710.04
	14015	CHOWCHILLA ELEM 2016C	7692015		0.008500		\$653.82
	14016	CHOWCHILLA UHSD 2022 A GO BOND	7692015		0.027392		\$2,106.98
(209) 385-7541	16300	MERCED COMM COLL	7692015		0.012000		\$923.04

PHONE #	DESCRIPTION	DIR CHR	PHONE #	DESCRIPTION	DIR CHR	PHONE #	DESCRIPTION	DIR CHR
(800) 676-7516	CH CFD 06-01 BOND 800	\$14,018.22	(559) 665-8615	CHOW TR 05-19	\$1,553.36			

	AGENCY TAXES	\$6,957.98
	DIRECT CHARGES	\$15,571.58
	FEES	\$0.00
	PENALTY & COST	\$0.00
	AGENCY TAXES + DIRECT CHARGES + FEES + PENALTY + COST + DELINQUENT PENALTIES	\$22,529.56
1st INSTALLMENT	\$49,724.85	
2nd INSTALLMENT	\$49,724.85	
TOTAL TAXES		\$99,449.70
PAID ON 12/10/2024	DELINQUENT AFTER 04/10/2025	

MADERA COUNTY SECURED PROPERTY TAXES - 2ND INSTALLMENT PAYMENT STUB

ASMT NUMBER: 002-290-012-000 TAX YEAR: 2024
 ORIG ASMT: 002-290-012-000
 FEE NUMBER: 002-290-012-000
 LOCATION: 309 PROSPERITY BLVD

MAKE CHECK PAYABLE TO:
 Madera County Tax Collector
 200 W. 4th St. 2nd Floor
 Madera, CA 93637

309 PROSPERITY BLVD
CHOWCHILLA CA 93610

2024-2025

2ND

IF PAID BY 04/10/2025 \$49,724.85

DELINQUENT AFTER 04/10/2025 (INCLUDES 10% PENALTY OF \$4972.48 AND \$30.00 COST) \$54727.33

002290012000120248000049724850200005472733020248

CUT HERE

MADERA COUNTY SECURED PROPERTY TAXES - 1ST INSTALLMENT PAYMENT STUB

ASMT NUMBER: 002-290-012-000 TAX YEAR: 2024
 ORIG ASMT: 002-290-012-000
 FEE NUMBER: 002-290-012-000
 LOCATION: 309 PROSPERITY BLVD

MAKE CHECK PAYABLE TO:
 Madera County Tax Collector
 200 W. 4th St. 2nd Floor
 Madera, CA 93637

309 PROSPERITY BLVD
CHOWCHILLA CA 93610

2024-2025

1ST

PAID ON 12/10/2024 \$49,724.85

PAID

002290012000120248000049724850100005469733620248

AUTHORIZATION OF PROPERTY TAX AGENT

State of California

County of Madera - CA

This letter serves as authorization for Patrick O'Connor & Associates, L.P. doing business as O'Connor & Associates, located at 2200 North Loop West Suite 310, Houston, TX 77018, to act on behalf of the Owner of Record below, as Agent in regard to Property Taxes in the County of Madera - CA and has full permission to represent the Owner of Record in returns containing information for the purpose of assessing property owned or managed by this firm, examining records, and discussing with the appropriate governmental authority the assessment of the property designated below.

Parcel Number: 002290012000

Owner:

Property Address: 309 PROSPERITY BLVD

This authorization is in effect until 3 years, or until written notice of termination is issued by an officer of this company.

It is requested that all communications regarding any matter in which this Agent is authorized to act is addressed to:

O'Connor & Associates of 2200 North Loop West Suite 310, Houston, TX 77018

Executed this 29 day of July, 2024

11:11 AM 50.202.212.195

By: Nick Patel

Printed Name: _____

11/19/23 10:28



This envelope is only for FedEx Express® shipments.

ORIGIN ID: LKSA (713) 375-4084

PATRICK O'CONNOR & ASSOCIATES INC
2200 NORTH LOOP W STE 200

HOUSTON, TX 77018
UNITED STATES US

SHIP DATE: 22NOV24
ACTWGT: 1.00 LB
CAD: 261734220/FAPI2208
DIMS: 13x10x1 IN

BILL SENDER

TO CLERK OF THE BOARD OF SUPERVISORS
MADERA COUNTY
200 W 4TH ST FL 4

RECEIVED
NOV 25 2024

MADERA CA 93637

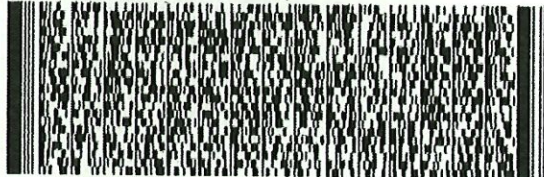
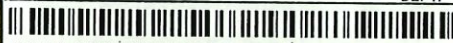
(713) 909-5804

INV:
PO:

MADERA COUNTY
BOARD OF SUPERVISORS

DEPT:

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TUE - 26 NOV 5:00P

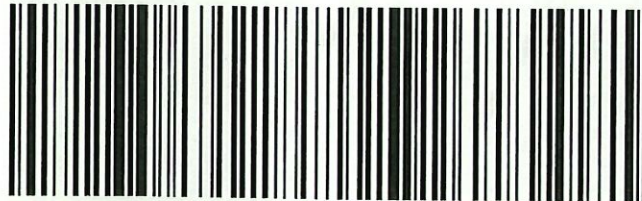
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