



CITY OF FORT PIERCE

DIVISIONS OF CODE ENFORCEMENT & ANIMAL CONTROL

MARGARET M. ARRAIZ, CODE COMPLIANCE MANAGER

REQUEST FOR A WAIVER LOT CLEARING / DEMOLITION LIENS

Property address:		430 NORTH 7th ST.	
Owner(s) of record:		FIRE EQUIPMENT SERVICES of ST. LUCIE, INC.	
Mailing address:		434 NORTH 7th ST. FT. PIERCE, FL 34950	
Property tax ID #:		2410-603-0032-000/9	
Original purchase date:		Original purchase price:	
Other Information:		<input type="checkbox"/> Inherited Property	<input type="checkbox"/> Purchased at Tax Sale
		<input type="checkbox"/> Adjoining Property Owner	
Property is used for:		<input type="checkbox"/> Single Family	<input type="checkbox"/> Multi-family
		<input checked="" type="checkbox"/> Commercial	<input type="checkbox"/> Industrial
		<input type="checkbox"/> Vacant Lot	
Name of person requesting waiver:		Relationship to owner(s):	PRESIDENT FIRE EQUIP. SERVICES
Telephone #:		Mobile phone #:	772 216 4784
E-mail:		Preferred contact method:	mobile
What are owner(s) intentions for property:		PARKING for company vehicles	
Are there current code violations?		<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
		Explain: (please attached notice)	
Is a lien filed against the property?		<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
		If yes, what is the lien amount?	
		1828 ⁹¹	
Is property listed for sale?		<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
		If yes, what is listing price?	
Is property under contract for sale?		<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
		If yes, what is the sale price?	

City incurred charges (lot clearing, demolition, etc)	\$ 635 ⁹⁹
Administrative fees	\$ 150 ⁰⁰
Interest	\$ 867 ⁴¹
Penalties	\$ 171 ⁹³
	RECORDING fee
	3 ⁵⁸
TOTAL AMOUNT DUE TO CITY	\$ 1828⁹¹
DOLLAR AMOUNT REQUESTING TO BE WAIVED	\$ 1192⁹²
DOLLAR AMOUNT I AGREE TO PAY	\$

If the city waives any fees, interest, penalties or lien amount, the undersigned does hereby agree to pay the remainder within sixty (60) days from the date of the Commission's decision unless an alternate time frame is specified in the motion.

 (Signature of Owner or Representative)

MEL FOLBRECHT

 (Printed Name)



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REQUEST FOR REDUCTION OF PENALTY

By completing this form, you are making statements under oath. Failure to be truthful is a violation of Fort Pierce City Code and Florida Statutes pertaining to perjury, which is a felony punishable by up to fifteen (15) years imprisonment.

INSTRUCTIONS:

1. Please fill in blanks completely.
2. Be specific when writing your statement. Use additional pages if necessary.
3. If you are claiming medical or financial hardship, attach supporting documentation (i.e. doctor's statement or proof of income).
4. Complete either the application for Waiver of Penalties (lot clearing / demolition) or Request for Reduction / Rescindment (code enforcement fines).
5. For lot clearing or demolition liens, contact Kathy D'Arton in the Finance Department (772-467-3076) for cost / fees breakdown.
6. For code enforcement liens (those imposed by a Special Magistrate or Code Enforcement Board), contact Colleen Greer (772-467-3149) for cost / fees breakdown.
7. If you do not have access to a Notary of the Public, one will be provided to you by the Department at no charge. All forms must be signed in the presence of the Notary to be valid.
8. Return this form, the application and any other pertinent documentation to the Code Enforcement Department.
9. Requests for Reduction / Rescindment of code enforcement liens must be heard before either the Code Enforcement Board or Special Magistrate prior to being heard before the City Commission.

Property Address: 430 NORTH 7th ST.
Property Owner: FIRE EQUIPMENT SERVICES OF ST. LUCIE, INC.
Mailing Address: 434 NORTH 7th ST.
Telephone #: 772 461 6845 Cell Phone #: 772 216 4784
E-Mail Address: jes1946@bellsouth.net

Is the property in compliance? Yes If no, please explain _____



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I, MEL FOLBRECHT, do hereby submit this Petition in request for a reduction in the total amount of the penalty imposed and in support offer the following statement:

PURCHASED PROPERTY FROM COUNTY - CLEANED PROPERTY FROM 9.17.90 TO CURRENT DATE INCLUSIVE OF REMOVING (2) CONDEMNED HOUSES AT MY EXPENSE

Date: 3.4.14

Signed: [Signature]
Print Name: Mel Folbrecht

STATE OF FLORIDA
COUNTY OF ST. LUCIE

PERSONALLY APPEARED before me, the undersigned authority Melvin Folbrecht who acknowledged before me that the information contained herein is true and correct. He / She is not personally known to me and has produced _____ as identification.

SWORN TO AND SUBSCRIBED before me this 4th day of March, 20 14.



WILLIAM KIMMEN
MY COMMISSION # EE 205273
EXPIRES: June 5, 2016
Bonded Thru Budget Notary Services

[Signature]
Notary Public, State of Florida