



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:		507 N 14th St. Fort Pierce, FL 34950	
Owner(s) of record:		Serge Camille	
Mailing address:		4560 NW 19th Ct. Coconut Creek FL 33073	
Property tax ID #:		240 9503 00 12 002	
Original purchase date:		Original purchase price:	
Other Information:		<input type="checkbox"/> Inherited Property	<input checked="" 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 type="checkbox"/> Commercial	<input type="checkbox"/> Industrial
		<input checked="" type="checkbox"/> Vacant Lot	
Name of person requesting waiver		Relationship to owner(s):	
Serge Camille			
Telephone #:		Mobile phone #:	
954-422-9937		772-333-1023	
E-mail:		Preferred contact method:	
		Mail or phone	
What are owner(s) intentions for property:		Continue to own property	
Are there current code violations?	<input type="checkbox"/> No	<input checked="" 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?
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)	\$ 4000.00
Administrative fees	\$ 100.00
Interest	\$ 13157.00
Penalties	\$ 631.40
TOTAL AMOUNT DUE TO CITY	\$ 7888.40
DOLLAR AMOUNT REQUESTING TO BE WAIVED	\$ 7888.40
DOLLAR AMOUNT I AGREE TO PAY	\$ 0

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.

Serge Camille
(Signature of Owner or Representative)

SERGE CAMILLE
(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: 507 N 14 ST Fort Pierce FL 34950
Property Owner: SERGE CAMILLE
Mailing Address: 4560 NW 49 CT COCONUT CREEK FL 33073
Telephone #: 954-422-9937 Cell Phone #: 772-333-1023
E-Mail Address: _____

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



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MARGARET M. ARRAIZ, CODE COMPLIANCE MANAGER

I, _____, 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:

Date: _____

Signed: P Serge Camille
Print Name: SERGE CAMILLE

STATE OF FLORIDA
COUNTY OF ST. LUCIE

PERSONALLY APPEARED before me, the undersigned authority P Serge Camille who acknowledged before me that the information contained herein is true and correct. He / She is not personally known to me and has produced FL DL C540-677-55-012-0 as identification.

SWORN TO AND SUBSCRIBED before me this 27th day of February, 2014.



COLLEEN GREER
MY COMMISSION # EE 216024
EXPIRES: November 13, 2016
Bonded Thru Budget Notary Services

Colleen Greer
Notary Public, State of Florida