



CITY OF FORT PIERCE

DIVISIONS OF CODE ENFORCEMENT & ANIMAL CONTROL

MARGARET M. ARRAIZ, CODE COMPLIANCE MANAGER

REQUEST FOR A REDUCTION OR RESCINDMENT OF CODE ENFORCEMENT FINES / LIENS

Date:		9/4/14	
Property address:		312 N 12th St	
Owner(s) of record:		Sean Mellon	
Mailing address:		312 N 12th St	
Property tax ID #:		6109	
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 checked="" type="checkbox"/> Single Family	<input type="checkbox"/> Multi-family
		<input type="checkbox"/> Commercial	<input type="checkbox"/> Industrial
		<input type="checkbox"/> Vacant Lot	
Name of person requesting reduction:		Beracah E. Mellon	Relationship to owner(s):
Telephone #:		772 353-8134	Mobile phone #:
E-mail:		BERACAHMELLO@YAHOO.COM	Preferred contact method:
What are owner(s) intentions for property:		I am trying to Short Sale the property	
Amount of Fine:		Date Fine Initiated:	
Are there current code violations?		<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
Is a lien filed against the property?		<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
Is property listed for sale?		<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
Is property under contract for sale?		<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes

AMOUNT OF FINE / LIEN

\$ 161,520.00

DOLLAR AMOUNT REQUESTING TO BE WAIVED

\$ 161,520.00

DOLLAR AMOUNT I AGREE TO PAY

\$ 00000000

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

Beracah E. Mellon
(Signature of Owner or Representative)

BERACAH E. Mellon
(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: 312 N. 12th St

Property Owner: Jean Mellon

Mailing Address: 312 N. 12th St

Telephone #: 772-353-8139 Cell Phone #: 772-353-8139

E-Mail Address: beRACAHestima@yahoo.com

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



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I, Beracah E. Mellon, 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:

please help me with this matter. When I stopped the violation^s I thought that everything was cleared ^{with} the City.

My husband Jean Mellon was diagnosis with diabetes for quiet some time before he passed away. Things went so ruff on me economically I have been sick for the last two and half years. Hospitalize twice for heavy headache, asthma, and pneumonia that left me with definite evidence of acute pulmonary ^{disease} ~~condition~~. I am trying to short sale the property so the bank can help ^{me} with my moving expenses

Date: _____

Signed: Beracah E. Mellon

Print Name: BERACAH E. Mellon

STATE OF FLORIDA

COUNTY OF ST. LUCIE

PERSONALLY APPEARED before me, the undersigned authority Beracah Estima Mellon 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 M450-065-63-764-0 as identification.

SWORN TO AND SUBSCRIBED before me this 18th day of September, 2014.

Colleen Greer

Notary Public, State of Florida