



CITY OF FORT PIERCE

DIVISIONS OF CODE ENFORCEMENT & ANIMAL CONTROL

MARGARET M. ARRAIZ, CODE COMPLIANCE MANAGER

RECEIVED

JAN 20 2015

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

CODE ENFORCEMENT
CITY OF FT. PIERCE

Date:		1/20/15	
Property address:		N/A	
Owner(s) of record:		PRIVILEGE DEVELOPMENT, LLC.	
Mailing address:		P.O. Box 3945 HALLANDALE, FL. 33008-3945	
Property tax ID #:		2428-321-0001-000-3	
Original purchase date:		Original purchase price:	\$ 4,200,000.00
Other Information:		<input type="checkbox"/> Inherited Property	<input type="checkbox"/> Purchased at Tax Sale
Property is used for:		<input type="checkbox"/> Single Family	<input type="checkbox"/> Multi-family
Name of person requesting reduction:		Relationship to owner(s):	REPRESENTATIVE
Telephone #:		Mobile phone #:	SAME.
E-mail:		Preferred contact method:	PHONE - EMAIL
What are owner(s) intentions for property:		DEVELOPMENT FOR SINGLE HOMES.	
Amount of Fine:		Date Fine Initiated:	11/13/2008
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 checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
Is property under contract for sale?		<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes

AMOUNT OF FINE / LIEN

\$ 442,620.00


DOLLAR AMOUNT REQUESTING TO BE WAIVED

\$ 442,620.00

DOLLAR AMOUNT I AGREE TO PAY

\$ 0

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.


(Signature of Owner or Representative)

RAPHAEL AMHAR
(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: N/A

Property Owner: PRIVILEGE DEVELOPMENT, LLC

Mailing Address: ~~DA~~ P.O. BOX 3945 HALLANDALE, FL 33008

Telephone #: 786 302 1555 Cell Phone #: SAME

E-Mail Address: RAPHAEL.MOVEON @ GMAIL, COM

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



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I, RAPHAEL AMMAR, 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:

WHEN WE PURCHASED THE LAND, THE AGENT PROPOSED TO MANAGE THE PROPERTY AFTERWARD, SINCE THE INVESTORS ARE OVERSEAS, WE APPOINTED THE AGENT. UNFORTUNATELY HE NEVER DID WHAT HE WAS SUPPOSED TO DO. HE KEPT ALL THE COMMUNICATIONS FROM THE CITY AND VIOLATIONS AWAY FROM US. THEREFOR WE NEVER CORRECTED ANY OF IT. SINCE 2011, I WAS APPOINTED TO REPRESENT THE INVESTORS AND I HAVE SINCE THEN WORKED WITH THE CITY AND THE CODE ENFORCEMENT TO KEEP THE PROPERTY IN ACCORDANCE WITH THE CITY REQUIREMENTS. I APPRECIATE YOUR UNDERSTANDING

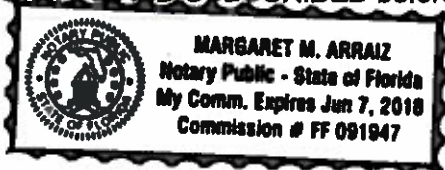
Date: 1/20/15

Signed: [Signature]
Print Name: RAPHAEL AMMAR

STATE OF FLORIDA
COUNTY OF ST. LUCIE

PERSONALLY APPEARED before me, the undersigned authority RAPHAEL AMMAR 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 # A560 739 58 0060 as identification.

SWORN TO AND SUBSCRIBED before me this 20 day of JANUARY, 2015.



[Signature]
Notary Public, State of Florida