



# 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:		5/12/2015	
Property address:		1012 N 22nd. St.	
Owner(s) of record:		Jasmine Wimes	
Mailing address:		1012 N 22nd. St.	
Property tax ID #:			
Original purchase date:		Original purchase price:	
Other Information:		<input checked="" 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:		Jasmine Wimes	Relationship to owner(s):
			Owner
Telephone #:		772-209-1106	Mobile phone #:
			772-209-1106
E-mail:		JasmineWimes@hotmail.com	Preferred contact method:
What are owner(s) intentions for property:		To live in.	
Amount of Fine:		Date Fine Initiated:	
		21,750.00	
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?
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?

AMOUNT OF FINE / LIEN

\$ 21,750.00

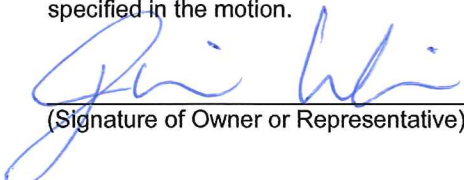
DOLLAR AMOUNT REQUESTING TO BE WAIVED - Recording Fee

\$ 40.00

DOLLAR AMOUNT I AGREE TO PAY

\$ 1,000.00

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)

Jasmine Wimes  
 (Printed Name)



# CITY OF FORT PIERCE

## DIVISIONS OF CODE ENFORCEMENT & ANIMAL CONTROL

MARGARET M. ARRAIZ, CODE COMPLIANCE MANAGER

### 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: 1012 N 22nd St. Ft. Pierce, FL

Property Owner: Jasmine Wimes

Mailing Address: 1012 N 22nd St. Ft. Pierce, FL

Telephone #: 772-209-1106 Cell Phone #: 772-209-1106

E-Mail Address: Jasmine.Wimes@hotmail.com

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



# CITY OF FORT PIERCE

## DIVISIONS OF CODE ENFORCEMENT & ANIMAL CONTROL

MARGARET M. ARRAIZ, CODE COMPLIANCE MANAGER

I, Jasmine Wimes, 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:

I am asking to have all fees and charges removed, I ~~to~~ am currently having additional assistance in the up keeping of the property and bringing it up to code. I have proof of paying all back taxes from 2003 and maintenance costs to make the home liveable. I was young in college when asked if I wanted the property due to the person who inherited it not wanting it because of all the damage and taxes owed. I am a full-time graduate student and part time worker I would really appreciate it if I would not have to pay any of the charges. Thank you for your time.

Date: 5/12/2015

Signed: Jasmine Wimes  
Print Name: Jasmine Wimes

STATE OF FLORIDA  
COUNTY OF ST. LUCIE

PERSONALLY APPEARED before me, the undersigned authority Jasmine Wimes who acknowledged before me that the information contained herein is true and correct. He / She is not personally known to me and has produced FI DL W520432-91-633-0 as identification.

SWORN TO AND SUBSCRIBED before me this 12th day of May, 2015.



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

Colleen Greer  
Notary Public, State of Florida



# REVISED BID RESPONSE FORM



Bid Item	HOUSING REHABILITATION PROJECT		
	FOR 1012 NORTH 22 <sup>ND</sup> STREET		
Bid Number	2015-019	Due Date & Time	3:00 PM, Thursday, February 5, 2015

The offerer agrees to furnish the following items or services to the City of Fort Pierce at the place specified, in accordance with specifications herein at the prices quoted below:

ITEM DESCRIPTION	TOTAL
Shutters	\$ 1300
Roof	\$ 5330
Paint Exterior	\$ 1800
Gutter System	\$ 900
HVAC	\$ 3590
Windows	\$ 550
Ceiling in Living Room	850
Carport Roof	\$ 2400
Interior Ceiling	\$ 2600
Soffit Vent	\$ 290
Repair/Replace fascia & damaged T-111 before painting house	250
Replace mast arm for electrical service entrance	\$ 990
Replace storm door at front of house	\$ 280
Evaluate/Repair Sewer Main and install required cleanouts	\$ 590
Replace water heater	\$ 750
Repair washing machine drain & secure supply lines	\$ 250
Address electrical issues in laundry room	\$ 325
Install Splash blocks/pads at termination of each leader	\$ 50
<i>Total Cost</i>	\$ 23,095.00

The Bidder hereby acknowledges receipt of the following addenda:

ADDENDUM NO.	ADDENDUM DATE
NO 1	JANUARY 30, 2015

Vendor Teutle Corp  
 Address 3160 Turtle Cove  
 City, State, Zip Code West Palm Beach FL 33411  
 Email Address gentile@comcast.net  
 Typed Name, Title Kevin W. Welsch Vice President  
 Signature [Signature] Date 2/4/15

January 30, 2015



**CITY OF FORT PIERCE**

**HOUSING REHABILITATION PROJECT FOR 1012 NORTH 22<sup>ND</sup> STREET**

**BID NO. 2015-019**

**ADDENDUM NO. 1**

The purpose of this addendum is to provide additions to the specifications as follows:

<b>Additions</b>	
1	<b>Carpport Roof Only:</b> Use Mineral Rolled Roofing System.
2	<b>Interior Ceiling:</b> Repair, patch, texture/paint all interior rooms
3	Soffit Vent: Replace screening
4	Repair/Replace fascia & damaged T-111 before painting house
5	Replace mast arm for electrical service entrance
6	Replace storm door at front of house
7	Evaluate/Repair Sewer Main and install required cleanouts
8	Replace water heater
9	Repair washing machine drain & secure supply lines
10	Address electrical issues in laundry room
11	Install Splash blocks/pads at termination of each leader

➤ Please submit the attached Revised Bid Response Form.

All other conditions of this bid remain the same.

Please acknowledge receipt of this addendum and include it with your submittal.

Signature: \_\_\_\_\_

Manual

Signature: Fernando Velasco \_\_\_\_\_

Typed or Printed

Company Name: Tenite Corp \_\_\_\_\_

Address: 3160 turtle cove \_\_\_\_\_

West Palm Beach FL, 33411 \_\_\_\_\_

Date: 2/4/15 \_\_\_\_\_

/gc

Attachment: Revised Bid Response Form

## SECTION V

### STATEMENT OF WORK

#### 1. SCOPE OF WORK

This project should be bid according to the housing rehabilitation specifications set forth below. Project bid must be all inclusive. The project consists of exterior renovations and HVAC replacement as follows:

#### EXTERIOR

- Roof system:** Remove and replace asphalt shingle roof on house, about 1372 square feet.  
Repair and replace deteriorated roof joists like for like on carport roof
- Shutters:** Install panel shutters on ten (10) openings
- Paint Exterior:** Pressure wash and paint house
- Gutter system:** Install about 130 feet of gutter system
- HVAC:** Remove and replace existing approximately three (3) ton unit
- Windows:** Obtain permit and correctly install existing windows, ten (10) openings
- Repair ceiling in living room:** Replace the drywall and insulation

#### PLEASE NOTE:

- Shutters and roof work require separate permits
- The homeowner is responsible for boxing up and protecting any breakables. Owner is to supply and is also responsible for needed utilities to complete rehab.

**Employee Paystub Information**

Jasmine L. Wimes  
 Tuesday May 12, 2015  
 1012 North 22ND Street  
 Fort Pierce  
 St Lucie  
 Florida , 34950

Indian River State College  
 3209 Virginia Avenue  
 Fort Pierce, FL 34981-5596

**Title: TESTING ASSISTANT II**  
**Salary: \$0.00**  
**W4-Status: S 2**  
**Additional Withholdings: \$**

**Check Date: 03/31/15**  
**Check Number: 100398119**  
**Reporting Period Dates: 02/14/15 - 02/27/15**  
**Pay Period Dates: 02/14/15 - 02/27/15**

Description	Position	Amount
Regular Gross From Assignment	25501	\$523.25
Adjustment/Hours: 35.00		
Assignment Total Regular Gross		\$523.25
Taxable Gross For Medicare		\$523.25
Taxable Gross For Socsec		\$523.25
Taxable Gross For Withhold		\$523.25
Total Gross		\$523.25
Medicare		\$7.59
Social Security		\$32.44
Withhold		\$9.39
Subtotal		\$473.83
Net		\$473.83
Direct Deposit: Checking		\$473.83

Leave Description	Available Leave as of Last Pay Period
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**Employee Paystub Information**

Jasmine L. Wimes  
 Tuesday May 12, 2015  
 1012 North 22ND Street  
 Fort Pierce  
 St Lucie  
 Florida , 34950

Indian River State College  
 3209 Virginia Avenue  
 Fort Pierce, FL 34981-5596

**Title: TESTING ASSISTANT II**  
**Salary: \$0.00**  
**W4-Status: S 2**  
**Additional Withholdings: \$**

**Check Date: 04/15/15**  
**Check Number: 100399329**  
**Reporting Period Dates: 02/28/15 - 03/20/15**  
**Pay Period Dates: 02/28/15 - 03/20/15**

Description	Position	Amount
Regular Gross From Assignment	25501	\$657.80
Adjustment/Hours: 44.00		
Assignment Total Regular Gross		\$657.80
Taxable Gross For Medicare		\$657.80
Taxable Gross For Socsec		\$657.80
Taxable Gross For Withhold		\$657.80
Total Gross		\$657.80
Medicare		\$9.54
Social Security		\$40.78
Withhold		\$22.84
Subtotal		\$584.64
Net		\$584.64
Direct Deposit: Checking		\$584.64

Leave Description	Available Leave as of Last Pay Period
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**Employee Paystub Information**

Jasmine L. Wimes  
 Tuesday May 12, 2015  
 1012 North 22ND Street  
 Fort Pierce  
 St Lucie  
 Florida , 34950

Indian River State College  
 3209 Virginia Avenue  
 Fort Pierce, FL 34981-5596

**Title: TESTING ASSISTANT II**  
**Salary: \$0.00**  
**W4-Status: S 2**  
**Additional Withholdings: \$**

**Check Date: 04/30/15**  
**Check Number: 100400860**  
**Reporting Period Dates: 03/21/15 - 04/03/15**  
**Pay Period Dates: 03/21/15 - 04/03/15**

Description	Position	Amount
Regular Gross From Assignment	25501	\$665.28
Adjustment/Hours: 44.50		
Assignment Total Regular Gross		\$665.28
Taxable Gross For Medicare		\$665.28
Taxable Gross For Socsec		\$665.28
Taxable Gross For Withhold		\$665.28
Total Gross		\$665.28
Medicare		\$9.65
Social Security		\$41.25
Withhold		\$23.59
Subtotal		\$590.79
Net		\$590.79
Direct Deposit: Checking		\$590.79

Leave Description	Available Leave as of Last Pay Period
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