



REQUEST FOR REDUCTION OR RESCINDMENT OF
CODE ENFORCEMENT FINES / LIENS

Date:	7-11-16				
Property address:	315 S 17 Street				
Owner(s) of record:	Ermith LAZARE				
Mailing address:	315 S 17 Street				
Property tax ID #:	2409-314-0002.000-9				
Original purchase date:		Original purchase price:			
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:	Ermith LAZARE		Relationship to owner(s)	Owner	
Telephone #:	786-317-6916		Mobile phone #:	-	
E-mail:	-		Preferred contact method:	-	
What are owner(s) intentions for property:					
Amount of Lien:	\$59,500.00		Date Fine Initiated:	9/22/2014	
Are there current code violations?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	Explain: (please attached notice)		
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

DOLLAR AMOUNT REQUESTING TO BE WAIVED

DOLLAR AMOUNT I AGREE TO PAY

\$ 59,540.00
\$ 59,540.00
\$ 0.00

Ermith Lazare

Signature of Owner or Representative

Date

Ermith LAZARE

Printed Name



OWNER / REPRESENTATIVE REQUEST TO PROCESS APPLICATION

Property Address: 315 S 17 Street

- I am requesting that my application for lien reduction be processed administratively through the Rules of Procedure Sec. 17(b), I understand the requirements to be met and that I waive my right to a hearing before either the Special Magistrate or Code Enforcement Board and the City Commission.
- I am requesting that my application for lien reduction be processed administratively through the Rules of Procedure Sec. 17(d), I understand the requirements to be met and that I waive my right to a hearing before the City Commission.
- I am requesting that my application for lien reduction be processed through the Rules of Procedure Sec. 17(e) and that my request will be heard and determination made by the City Commission of the City of Fort Pierce.

[Signature]
Signature of Owner or Representative

Date

Erin L. [Signature]
Printed Name

COFP – APPLICATION PROCESS DETERMINATION

- Staff has reviewed the request for lien reduction and agrees to process the application as requested by the signing party.
- Staff has reviewed the request for lien reduction and do not agree to process the application as requested by the signing party. The matter will be placed before either the Special Magistrate or Code Enforcement Board that authorized the Order Assessing Fine and Imposing Lien.

Margaret M. [Signature]
City Representative

7/12/16
Date

MARGARET M AREALIZ
Printed Name

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 are governed by Rule 17 of the City's Rules & Regulation for Code Enforcement Board and Special Magistrate.

Property Address:

315 S 17 Street

Property Owner:

Erminth LAZARE

Mailing Address:

315 S 17 Street

Telephone #:

786 3176916

Cell Phone #:

—

E-Mail Address:

—

Is the property in compliance? yes If no, please explain in the narrative of your request.





I, Ermith LAZARE, 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:

At this time I'm not working

Date: 7-11-16

Signed: [Signature]
Print Name: Ermith LAZARE

STATE OF FLORIDA

COUNTY OF ST. LUCIE

PERSONALLY APPEARED before me, the undersigned authority Ermith lazare 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 as identification.

SWORN TO AND SUBSCRIBED before me this 11th day of July, 2016.



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

Colleen Greer
Notary Public, State of Florida

