



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

Date:	11-14-16		
Property address:	JUAN ALCANTAR MONDRAGON		
Owner(s) of record:			
Mailing address:	2228 OKEECHOBEE RD		
Property tax ID #:	2416-602 0002-000 5		
Original purchase date:		Original purchase price:	
Property is used for:	<input type="checkbox"/> Single Family	<input type="checkbox"/> Multi-family	<input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Vacant Lot
Name of person requesting reduction:	JUAN MONDRAGON	Relationship to owner(s)	
Telephone #:	772 332-2367	Mobile phone #:	772 332 2367
E-mail:		Preferred contact method:	
What are owner(s) intentions for property:			
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

\$ 15,530.00

DOLLAR AMOUNT REQUESTING TO BE WAIVED

\$ _____

DOLLAR AMOUNT I AGREE TO PAY

\$ 0.00

Juan Alcantar
Signature of Owner or Representative

11-16-16
Date

JUAN ALCANTAR MONDRAGON
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 the appropriate application for lien reduction / rescindment.
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 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: 2228 OKEECHOBEE RD
Property Owner: JUAN MONDRAGON
Mailing Address: SAM
Telephone #: 772 3322467 Cell Phone #: 772 332-2367
E-Mail Address: _____

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

I, Juan Mondragon, 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 was never aware of being in code violation of the commercial building located at 2228 Okeechobee Rd, Fort Pierce, FL. On Nov. 9th, 2016 I hired a contractor to obtain for slab. It was then brought to my attention, the property mentioned above was in code violation, Canopy Carport. When I purchased this property, the carport was already existed. This property was purchased through a private lender. I did all research before signing the deed and there was no lien to my knowledge. On November 10th, 2016 the contractor got in touch with Shaun Coss, An Inspector, requested the carport to be removed. The carport was labor removed the same day. Then I was informed that the violation was immediately terminated. The inspector advise that I need to see the Special Magistrate to have all fees dismissed or removed.

Date: 11-16-16

Signed: X [Signature]

Print Name: Juan Alcantar

STATE OF FLORIDA

COUNTY OF ST. LUCIE

PERSONALLY APPEARED before me, the undersigned authority Juan Alcantar Mondragon who acknowledged before me that the information contained herein is true and correct. He or She is is not personally known to me and has produced FL DR Lic A425-420-65-224-0 as identification.

SWORN TO AND SUBSCRIBED before me this 16th day of November, 2016.



Colleen Greer
Notary Public, State of Florida

OWNER / REPRESENTATIVE REQUEST TO PROCESS APPLICATION

Property Address: _____

I acknowledge that I have been provided a copy of Rule 17 of the Rules of Procedure for the City of Fort Pierce Code Enforcement Board and Special Magistrates and that I have read the rules and being advised as such make the following request:

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.

I am requesting that my application for lien reduction be processed through the Rules of Procedure Sec. 17(c), I understand the requirements to be met and that my request will be heard and determination made by either the Special Magistrate or Code Enforcement Board that authorized Order Assessing Fine and Imposing Lien.

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

JUAN ALCANTAR
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.

City Representative Date

Printed Name