



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: 4507 S. US Highway 1 Ft Pierce FL  
 Property Owner: ST LUCIE AUTOMOTIVE PROPERTIES LLC  
 Mailing Address: 2400 HARBOUR BLD Suite 10 FT CHARLOTTE FL 33952  
 Telephone #: 772-242-1670 Cell Phone #: 772-672-9339  
 E-Mail Address: THEMOTORSHOPK@AOL.COM

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



THE SUNRISE CITY  
**FORT PIERCE**  
CODE ENFORCEMENT  
*Florida*

REQUEST FOR A REDUCTION OR RESCINDMENT OF  
CODE ENFORCEMENT FINES (MASSEY CASE)

Date:	2-25-17				
Property address:	4507 S. US. Highway 1 Ft Pierce				
Owner(s) of record:	ST LUCE AUTOMOTIVE PROPERTIES LLC				
Mailing address:	2400 HARBOR BLDG SUITE 10 Port Charlotte FL 33952				
Property tax ID #:	3403-502-0006-000-9				
Original purchase date:	4-8-2015	Original purchase price:	550,000		
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:	DAVE MEMON		Relationship to owner(s):	SON	
Telephone #:	772-242-1670		Mobile phone #:	772-672-9339	
E-mail:	THEMOTORSHOPFL@AOL.COM		Preferred contact method:	CELL	
What are owner(s) intentions for property:	AUTOMOTIVE SALES AND SERVICE				
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

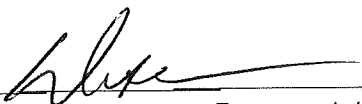
\$ 31,630.00

DOLLAR AMOUNT REQUESTING TO BE WAIVED

\$ 31,630.00

DOLLAR AMOUNT I AGREE TO PAY

\$ 0

  
Signature of Owner or Representative

3-15-17  
Date

DAVE MEMON  
Printed Name

I, DAVE MEMON, 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:

Dear SIRS, I AM AT THE MERCY OF YOU GENTLEMEN. I PURCHASED BACK THE BUILDING ON 4-8-2015 AND WAS UNDER THE IMPRESSION THAT THE SIGN WAS RECTIFIED AND DID NOT KNOW THERE WAS A 100 PER DAY FINE ACCORDING TO THE BUILDING. WE HAD SOME OWNERSHIP CHANGES AND IT CHANGED ADDRESSES AND WE NOT AWARE THIS WAS STILL NOT RECTIFIED WITH THE COUNTY. WE HIRED A SIGN GUY TO CHANGE THE FACES OF THE EXISTING SIGNS, HAD WE KNOWN OF THE SITUATION WITH ALL RESPECT WOULD HAVE FIXED THE PROBLEM AS SOON AS I WAS AWARE I FIXED THE PERMITS. PLEASE HELP ME AT YOUR MERCY.

Date: 3-15-17

Signed: [Signature]

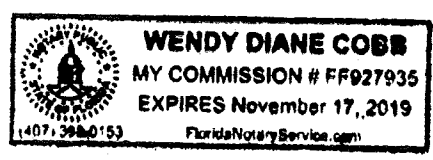
Print Name: DAVE MEMON

STATE OF FLORIDA

COUNTY OF ST. LUCIE

PERSONALLY APPEARED before me, the undersigned authority Dave Memon 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 DL M550161691430 as identification.

SWORN TO AND SUBSCRIBED before me this 20 day of March, 2017.



Wendy Cobb  
Notary Public, State of Florida