



THE SUNRISE CITY
FORT PIERCE
 CODE ENFORCEMENT
Florida

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

Date:	4/17/17		
Property address:	1102 N H St		
Owner(s) of record:	JAMIE MCNAIR		
Mailing address:	5259 NW South Lovett Cir Port St Lucie FLA		
Property tax ID #:	2404807 00150001 34986		
Original purchase date:	8-23-2012	Original purchase price:	15,000
Property is used for:	<input type="checkbox"/> Single Family	<input checked="" type="checkbox"/> Multi-family	<input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Vacant Lot
Name of person requesting reduction:	Self	Relationship to owner(s)	
Telephone #:	772-446-2155	Mobile phone #:	772-446-2155
E-mail:	JAMIE.MCNAIR@Icloud.com	Preferred contact method:	Cell
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

\$ 68,510.00

DOLLAR AMOUNT REQUESTING TO BE WAIVED

\$ 63,510.00

DOLLAR AMOUNT I AGREE TO PAY

\$ ~~5000~~ ^{5MB} 30000

Jamie McNaair
 Signature of Owner or Representative

4/17/17
 Date

JAMIE MCNAIR
 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 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: 1102 N 14 St

Property Owner: JAMIE MENAIR

Mailing Address: 5259 N W South Lovett Cir Fort St Lucie

Telephone #: 772-446-2155 Cell Phone #: 772-446-2155 34986

E-Mail Address: JAMIE.MENAIR@ICloud.com

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

I, JAMIE MCNEAIR, 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 JAMIE MCNEAIR PURCHASE THE PROPERTY 1102 N 14 ST, IN 2012 DID NOT KNOW THE PREVIOUS OWNER HAD LINDS ON THE PROPERTY TILL THIS WEEK SO AM DOING EVERYTHING I CAN TO SOLVE THE PROBLEM ASK FOR FINE REDUCTION,

THANKS. JAMIE MCNEAIR

Date: 4/17/17

Signed: _____

Print Name: JAMIE MCNEAIR

STATE OF FLORIDA

COUNTY OF ST. LUCIE

PERSONALLY APPEARED before me, the undersigned authority JAMIE MCNEAIR 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 as identification.

SWORN TO AND SUBSCRIBED before me this 17 day of APRIL, 2017.



Margaret M. Arraiz
Notary Public, State of Florida

OWNER / REPRESENTATIVE REQUEST TO PROCESS APPLICATION

Property Address: 1102 N 14th STREET

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:

[X] 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. J SM

[] 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 of Owner or Representative Date Printed Name

COFP - APPLICATION PROCESS DETERMINATION

[X] 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 Arraiz 4/17/17 MARGARET M ARRAIZ
City Representative Date Printed Name