

THE SUNRISE CITY
FORT PIERCE
CODE ENFORCEMENT
Florida

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

Date:	6-12-17				
Property address:	1007 N. 21 st Street Fort Pierce, FL 34950				
Owner(s) of record:	Eddie & Diane Hadley				
Mailing address:	730 Rustling Pines Blvd.				
Property tax ID #:					
Original purchase date:		Original purchase price:			
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:	Eddie & Diane Hadley		Relationship to owner(s)	Self	
Telephone #:	850 443 2674		Mobile phone #:	850 567 5173	
E-mail:	teshadley@earthlink.net		Preferred contact method:	phone call	
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 type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	If yes, what is listing price?	85,000	
Is property under contract for sale?	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	If yes, what is the sale price?	85,500	

AMOUNT OF FINE

\$ 14,230.00

DOLLAR AMOUNT REQUESTING TO BE WAIVED

\$ 12,230.00

DOLLAR AMOUNT I AGREE TO PAY

\$ 2,000.00

[Signature]
Signature of Owner or Representative

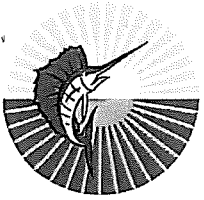
Date

Eddie & Diane Hadley
Printed Name

RECEIVED

JUN 12 2017

CODE ENFORCEMENT
CITY OF FT. PIERCE



THE SUNRISE CITY
FORT PIERCE
CODE ENFORCEMENT
Florida

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: 1007 N. 21st Street Fort Pierce, FL 34950
Property Owner: Eddie & Diane Hadley
Mailing Address: 730 Rustling Pines Blvd
Telephone #: 850 443-8674 Cell Phone #: 850 567 5173
E-Mail Address: edhadley@earthlink.net
Is the property in compliance? yes If no, please explain in the narrative of your request.

I, Eddie & Diane Hadley, 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:

We never received the documents regarding the signs. We found out about the code of ordinances about a month ago from our neighbor who received the information from the title company. Eddie and I immediately contacted Shawn to find out the details of our case. We then drove to Fort Pierce to satisfy the violations to stop the signs which took about two weeks. We are in the process of selling the property but wanted to make sure we did not have any signs or possible lien on the property before moving forward.

Date: 6-13-17

Signed: [Signature]

Print Name: Eddie & Diane Hadley

STATE OF FLORIDA

COUNTY OF ST. LUCIE

PERSONALLY APPEARED before me, the undersigned authority _____ 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 _____ as identification.

SWORN TO AND SUBSCRIBED before me this _____ day of _____, 20____.

Notary Public, State of Florida