

THE SUNRISE CITY
FORT PIERCE
 CODE ENFORCEMENT
 Florida

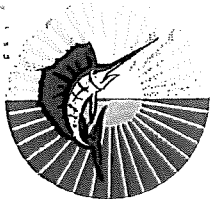
Fill out and return to me
 I have your letter
 SM hearing Sept 5
 City comm Sept 17

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

Date:	8/14/18				
Property address:	619 S. 17th STREET FORT PIERCE FL 34950				
Owner(s) of record:	SHANAWATTI BIESAR				
Mailing address:	105 S. 21st STREET FORT PIERCE FL 34950				
Property tax ID #:	2409-712-0120-000/4				
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:	DIGBIJAI RAI		Relationship to owner(s):	BROTHER 516-383-7611 IN-LAW	
Telephone #: 516 383-7611			Mobile phone #:	516-383-7611	
E-mail: BETTYRAI98@YAHOO.COM			Preferred contact method:		
What are owner(s) intentions for property: + KEEP MAINTAIN PROPERLY					
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 \$ 44,040.00
 DOLLAR AMOUNT REQUESTING TO BE WAIVED \$ 44,040.00
 DOLLAR AMOUNT I AGREE TO PAY \$ 500.00

Digbijai Rai 8/14/18 DIGBIJAI RAI
 Signature of Owner or Representative Date 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: 17th STREET
619 S. ~~21st~~ STREET FORT PIERCE FL 34950

Property Owner: SHANAWATTI BISESAR

Mailing Address: 105 S. 21st STREET FORT PIERCE FL 34950

Telephone #: 516-383-7611 Cell Phone #: 516-383-7611

E-Mail Address: BETTYRAI98@YAHOO.COM

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

I, DIGBIJAI RAI, 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 HEREBY MAKE APPLICATION FOR A RESCINDMENT OF THE FINE OF ~~\$44,040.00~~ SINCE THE VIOLATIONS WERE COMPLIED WITH. MY SELF AND WIFE WAS THERE WHEN IT WAS INSPECTED ON TIME BUT UNAWARE WHEN MY PAID LICENSED CONTRACTOR MR. VILLANOVA REPORTED IT. SINCE I AM UNAWARE OF THE TIME HE REPORTED IT, I KINDLY ASK YOUR HONORABLE JUDGE TO WAIVE THE FINE. IF I AM IN ANY ^{WAY} RESPONSIBLE OR PARTIALLY RESPONSIBLE, THEN I AM WILLING TO PAY A FINE OF ~~\$500.00~~.

Date: 8/14/18

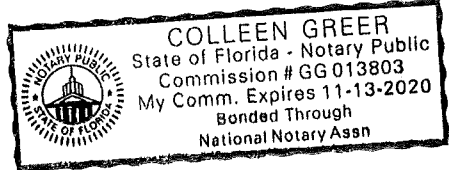
Signed: [Signature]

Print Name: DIGBIJAI RAI

STATE OF FLORIDA
COUNTY OF ST. LUCIE

PERSONALLY APPEARED before me, the undersigned authority Digbijai Rai 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 Florida Mr. License as identification.

SWORN TO AND SUBSCRIBED before me this 14th day of August, 20 18.



Colleen Greer
Notary Public, State of Florida

OWNER / REPRESENTATIVE REQUEST TO PROCESS APPLICATION

Property Address: 619 S. 17th STREET FORT PIERCE FL 34950

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.

Diabji RAI 8/14/18 DIABJI RAI
Signature of Owner or Representative Date 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 Annis 9/4/18 Margaret M Annis
City Representative Date Printed Name

105 S. 21st Street

Fort Pierce FL 34950

6/27/18

Re - Property 619 S. 17th Street

Fort Pierce FL 34950

Tax ID# 2400-712-0120-000/4

code enforcement clerk

My name is DIGBHAJAI RAI and has a Power of Attorney for Shanawattie Bisesar also known as Radica Shanawattie Poonai by change of name and I will be her agent to represent her in the matter above.

1. I am filing this appeal to say, I never received a notice of a court date and this matter was tried without her being represented.
2. I am disputing the findings that the violations were not done on a timely matter and ask that the penalty be null and void.
3. I have a letter dated 7/21/2016 that Shanawattie Bisesar was in compliance.
4. The only delay I know about in completion of the violations was Mr. Shawn (Inspector) said we had to take out a new permit for a window. I hire a new contractor name Nilbonava who had to order the window, but was in communication with Mr. Shawn.

Thank you.

yours faithfully

Sij Bij-R-

D. & B. JAI RAI

Agent for Shanawath Bisesar

AKA: Radica Shanawath Poonai