

THE SUNRISE CITY
FORT PIERCE
 CODE ENFORCEMENT
Florida

**REQUEST FOR A REDUCTION OR RESCINDMENT OF
 LOT CLEARING OR DEMOLITION LIEN**

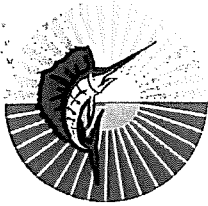
Date:	Oct 26 2018				
Property address:	621 Nth 9th Street				
Owner(s) of record:	John Travers				
Mailing address:	1630 Seaway Dr 304				
Property tax ID #:					
Original purchase date:	Sept 2017	Original purchase price:			
Property is used for:	<input type="checkbox"/> Single Family	<input type="checkbox"/> Multi-family	<input type="checkbox"/> Commercial	<input type="checkbox"/> Industrial	<input checked="" type="checkbox"/> Vacant Lot
Name of person requesting reduction:	John Travers		Relationship to owner(s)		
Telephone #:	772-971-7776		Mobile phone #:		
E-mail:	Travers John@ATT.net		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?		

City incurred charges (lot clearing, demolition, etc)	\$ <u>125</u>
Administrative fees	\$ <u>100</u>
Interest	\$ <u>24.86</u>
Penalties	\$ <u>506</u>
TOTAL AMOUNT DUE TO CITY	\$ <u>755.72</u>
DOLLAR AMOUNT REQUESTING TO BE WAIVED	\$ <u>WAIVE</u>
DOLLAR AMOUNT I AGREE TO PAY	\$ <u>0</u>

John Travers
 Signature of Owner or Representative

10-26-18
 Date

John Travers
 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:

621 N 9th Street

Property Owner:

John Travers

Mailing Address:

1630 Seaway Dr 304

Telephone #:

772-971-7776

Cell Phone #:

E-Mail Address:

Travers John@ATI.NET

Is the property in compliance? Yes

If no, please explain in the narrative of your request.

I, John Travers, 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:

Wave fees

Date: 10-2

Signed: [Signature]

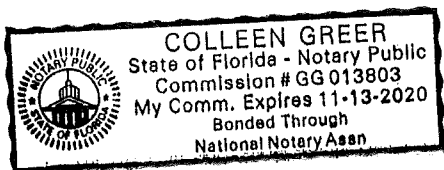
Print Name: John Travers

STATE OF FLORIDA

COUNTY OF ST. LUCIE

PERSONALLY APPEARED before me, the undersigned authority John Travers 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. as identification.

SWORN TO AND SUBSCRIBED before me this 26th day of October, 2018.



[Signature]
Notary Public, State of Florida

OWNER / REPRESENTATIVE REQUEST TO PROCESS APPLICATION

Property Address:	
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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(h), 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 considered and a determination made by the City Commission of the City of Fort Pierce.

John Travers 10-26-18 John Travers
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 the City Commission for final determination.

Margaret M. Annis 10/26/18 Margaret M Annis
City Representative Date Printed Name