



THE SUNRISE CITY
FORT PIERCE
 CODE ENFORCEMENT
Florida

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

Date:	May 9, 2018		
Property address:	2606 Sunrise Ave., Ft. Pierce, FL		
Owner(s) of record:	Lance Van Dam		
Mailing address:	PO Box 727, Tyngsboro, MA 01879		
Property tax ID #:	2421-500-0038-000-9		
Original purchase date:	09/18/2006	Original purchase price:	\$107,0000.00
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:	Lance Van Dam	Relationship to owner(s)	Owner
Telephone #:	978-502-7245	Mobile phone #:	978-502-7245
E-mail:	lance@bostonnote.com	Preferred contact method:	email - but can call
What are owner(s) intentions for property:	Trying to sell it at a loss for \$80,000.00		
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?	Under agreement at \$80,000
Is property under contract for sale?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	If yes, what is the sale price?	\$80,000.00

AMOUNT OF FINE / LIEN


\$ 61,730.00

DOLLAR AMOUNT REQUESTING TO BE WAIVED

\$ 60,980.00

DOLLAR AMOUNT I AGREE TO PAY

\$ 750.00



 Signature of Owner or Representative

May 9, 2018

 Date



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: 2606 Sunrise Blvd., Fort Pierce, FL 34982

Property Owner: Lance Van Dam

Mailing Address: PO Box 727, Tyngsboro, MA 01879

Telephone #: 978-502-7245 Cell Phone #: 978-502-7245

E-Mail Address: lance@@bostonnote.com

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

OWNER / REPRESENTATIVE REQUEST TO PROCESS APPLICATION

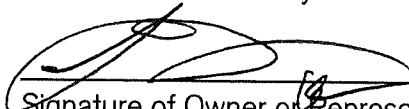
Property Address:	2606 Sunrise Ave., Fort Pierce, FL 34982
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I acknowledge that I have been provided a copy of Rule 17 of the Rules of Procedure for the City of Fort Pierce Code Enforcement Board and Special Magistrates and that I have read the rules 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(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.



Signature of Owner or Representative

May 9, 2018

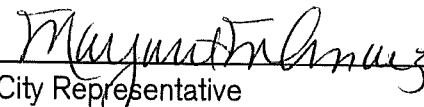
Date

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.

Comments:



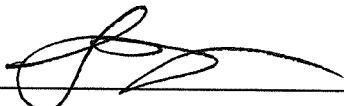
City Representative

5/10/18

Date

I, Lance Van Dam, 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:

Hello, I purchased the property in 2006 for \$107,000. Shortly thereafter I put \$15,000 into improvements into the property and rented the property. It was rented for about a year or two with no issues. The tenant then moved out and we tried to re-rent the property. While trying to re-rent the property it was vandalized on several occasions. First they stole the AC unit, and later all appliances and anything worth value including the water heater and even some pipes (I think to sell the copper?). During this time my wife and I were (and still are) struggling financially while trying to put three kids through college. We could not keep up with the maintenance, and were hit with a fine for not painting the property. We have been doing our best just to keep up with the monthly mortgage payments which were often made several days late. We now have an agreement to sell the property for \$80,000. The new buyer has already painted the property and the violation has been cleared. All in all we will loose more than \$42,000 plus more than ten years of mortgage payments, so well more than \$130,000. We are asking if the fine can be reduced to \$750.00. Thank you

Signed: 

Date: May 9, 2018

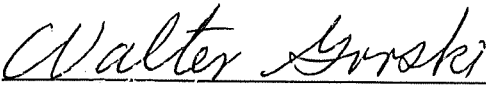
Print Name: Lance Van Dam

STATE OF ~~FLORIDA~~ MASSACHUSETTS


COUNTY OF ~~ST. LUCIE~~ MIDDLESEX

PERSONALLY APPEARED before me, the undersigned authority LANCE VAN DAM 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 MASSACHUSETTS DRIVER LICENSE as identification.

SWORN TO AND SUBSCRIBED before me this 9TH day of MAY, 2018.



Notary Public, State of ~~Florida~~ MASSACHUSETTS


WALTER GORSKI
Notary Public
Commonwealth of Massachusetts
My Commission Expires
September 3, 2021

a Employee's social security number [REDACTED]		OMB No. 1545-0008		This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.			
b Employer Identification number (EIN) 04-3179237			1 Wages, tips, other compensation 95240.93	2 Federal income tax withheld 4050.00			
c Employer's name, address, and ZIP code ANIE PUBLISHING CORPORATION PO BOX 727 TYNGSBORO, MA 01879			3 Social security wages 95240.93	4 Social security tax withheld 5904.94			
			5 Medicare wages and tips 95240.93	6 Medicare tax withheld 1380.99			
			7 Social security tips	8 Allocated tips			
			9 Verification code	10 Dependent care benefits			
d Control number			11 Nonqualified plans		12a See instructions for box 12		
e Employee's name, address, and ZIP code LANCE VAN DAM PO BOX 727 TYNGSBORO, MA 01879			13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>	12b			
			14 Other	12c			
				12d			
15 State Employer's state ID number	16 State wages, tips, etc. 95240.93	17 State income tax 2495.00	18 Local wages, tips, etc.	19 Local income tax	20 Locality name		

Form **W-2** Wage and Tax Statement

2017

Department of the Treasury—Internal Revenue Service

Copy C—For EMPLOYEE'S RECORDS (See Notice to Employee on the back of Copy B.)

Safe, accurate, FAST! Use



2017 W-2 and EARNINGS SUMMARY

Employee Reference Copy W-2 Wage and Tax Statement 2017 <small>OMB No. 1545-0047</small>			
<small>Copy C for employer's records</small>			
d Control number 008449	Dept BOST/F1Y	Corp. 050000	Employer use only A 3489
c Employer's name, address, and ZIP code THE PAPER STORE LLC 20 MAIN STREET ACTON MA 01720			
Batch #01627			
e/f Employee's name, address, and ZIP code DIANE F VAN DAM 3 THISTLE LANE WESTFORD, MA 01560			
b Employer's FED ID number 47-1892442	a Employee's SSA number 033-58-2642		
1 Wages, tips, other comp. 17019.61	2 Federal income tax withheld 80.97		
3 Social security wages 18014.50	4 Social security tax withheld 1116.90		
5 Medicare wages and tips 18014.50	6 Medicare tax withheld 261.21		
7 Social security tips	8 Allocated tips		
9 Verification Code Scea-8c82-df1a-a4c2	10 Dependent care benefits		
11 Nonqualified plans	12a See instructions for box 12 D 994.89		
14 Other	12b DD 21234.66		
	12c		
	12d		
13 Stat emp Ret plan 3rd party sick pay <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
15 State Employer's state ID no. MA WTH10223157-005	16 State wages, tips, etc. 17019.61		
17 State income tax 420.35	18 Local wages, tips, etc.		
19 Local income tax	20 Locality name		

This blue Earnings Summary section is included with your W-2 to help describe portions in more detail. The reverse side includes general information that you may also find helpful.

1. The following information reflects your final 2017 pay stub plus any adjustments submitted by your employer.

Gross Pay	30750.38	Social Security Tax Withheld Box 4 of W-2	1116.90	MA State Income Tax Box 17 of W-2	420.35
Fed. Income Tax Withheld Box 2 of W-2	80.97	Medicare Tax Withheld Box 6 of W-2	261.21	SUI/SDI Box 14 of W-2	

2. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

	Wages, Tips, other Compensation Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages Box 5 of W-2	MA State Wages, Tips, Etc. Box 16 of W-2
Gross Pay	30,750.38	30,750.38	30,750.38	30,750.38
Less 401(k) (D-Box 12)	994.89	N/A	N/A	994.89
Less Other Cafe 125	12,735.88	12,735.88	12,735.88	12,735.88
Reported W-2 Wages	17,019.61	18,014.50	18,014.50	17,019.61

3. Employee W-4 Profile. To change your Employee W-4 Profile Information, file a new W-4 with your payroll dept.

**DIANE F VAN DAM
3 THISTLE LANE
WESTFORD, MA 01560**

Social Security Number: 033-58-2642
Taxable Marital Status: SINGLE
Exemptions/Allowances:
FEDERAL: 4
STATE: 4