

THE SUNRISE CITY  
**FORT PIERCE**  
 CODE ENFORCEMENT  
*Florida*

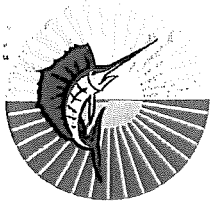
REQUEST FOR A REDUCTION OR RESCINDMENT OF  
 CODE ENFORCEMENT FINES / LIENS

Date:	05/23/18			
Property address:	507 S. 8TH ST. FORT PIERCE F234950			
Owner(s) of record:	KENAN POTURKOVIC			
Mailing address:	507 S. 8TH ST. FORT PIERCE			
Property tax ID #:	2410-709-0032-000/4			
Original purchase date:		Original purchase price:	\$50,000	
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:	KENAN POTURKOVIC		Relationship to owner(s)	
Telephone #:	317-372-8001	Mobile phone #:	317-372-8001	
E-mail:	K.POTURK@GMAIL.COM		Preferred contact method:	ANY
What are owner(s) intentions for property:	HOME			
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 \$ 13,730<sup>00</sup>  
 DOLLAR AMOUNT REQUESTING TO BE WAIVED \$ 13,730<sup>00</sup>  
 DOLLAR AMOUNT I AGREE TO PAY \$ 00000

(PAID OVER \$4,000 ALREADY TO CITY)

Kenan Poturkovic 5/23/18 KENAN POTURKOVIC  
 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: 507 S 8TH ST FT. PIERCE FL 34950  
Property Owner: KENAN POTURKOVIC  
Mailing Address: 507 S. 8TH ST. FT. PIERCE FL 34950  
Telephone #: 317-372-8001 Cell Phone #: 317-372-8001  
E-Mail Address: KPOTURK@GMAIL.COM

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

I, KENAN POTURKOVIC, 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:

AFTER PURCHASE OF THE HOUSE NIGHTMARES  
STARTED WITH CITY PERMITS ETC.  
APPLIED FOR PERMITS & WAS LATE ON  
SOME OF THEM, BECAUSE I DID NOT HAVE  
MONEY TO TAKE CARE OF IT, BUT ENDED UP  
APPLYING AGAIN AND PAY LATE FEES TO  
PERMIT DEPARTMENT. ALL IS DONE NOW.  
THIS IS MISTAKE BY CITY, OR IS THE  
MAFIA TYPE REQUEST BY CITY.

~~WAS~~  
I PAID OVER \$4000 FOR PERMITS, FINES ETC  
ALSO YOUR REQUIREMENTS COST ME TO INVEST \$25,000  
I DID NOT HAVE. PLEASE REMOVE THANKS

Date: 05/23/

Signed: 

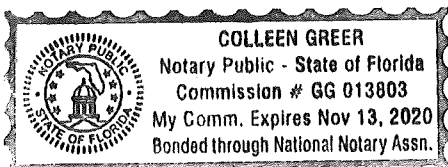
Print Name: FERID POTURKOVIC

STATE OF FLORIDA

COUNTY OF ST. LUCIE

PERSONALLY APPEARED before me, the undersigned authority Ferid Poturkovic 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 DE LIC as  
identification.

SWORN TO AND SUBSCRIBED before me this 23rd day of May, 2018.



Colleen Greer

Notary Public, State of Florida

OWNER / REPRESENTATIVE REQUEST TO PROCESS APPLICATION

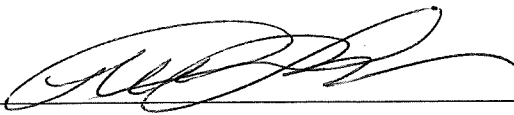
Property Address: 507 S. 8TH ST. FT. PIERCE 34950

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.

      05/23/18      FENIO POTURKOVIC  
Signature of Owner or Representative      Date      Printed Name

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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.

\_\_\_\_\_  
City Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name