

8/15/18



THE SUNRISE CITY
FORT PIERCE
CODE ENFORCEMENT
Florida

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

Date:	6/20/18		
Property address:	308 N. 19th St Ft. Pierce, FL		
Owner(s) of record:	Kenia & Javier Ceballos		
Mailing address:	1994 SE Floresta Dr. PSL, FL 34983		
Property tax ID #:	2409-605-0052-000/7		
Original purchase date:	Nov 23, 2013	Original purchase price:	\$15,000
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:	Kenia & Javier Ceballos	Relationship to owner(s):	Self
Telephone #:	(305) 834-5984	Mobile phone #:	(305) 834-5984
E-mail:	Kenia.Javier333@yahoo.com	Preferred contact method:	above
What are owner(s) intentions for property:	primary 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

\$ 8,530.⁰⁰

DOLLAR AMOUNT REQUESTING TO BE WAIVED

\$ 8,530.⁰⁰

DOLLAR AMOUNT I AGREE TO PAY

\$ 0

Signature of Owner or Representative

6/20/18
Date

Kenia Ceballos
Printed Name



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: 308 N. 19th St. Ft. Pierce, FL
Property Owner: Kenia & Javier Ceballos
Mailing Address: 1994 SE Floresta Dr. PSL, FL 34983
Telephone #: (305) 834-5984 Cell Phone #: (305) 834-5984
E-Mail Address: KeniaJavier333@yahoo.com

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

I, JAVIER CEBALLO, 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:

DUE TO OUR FINANCIAL SITUATION WE CANNOT AFFORD TO PAY THE FINE OF \$530⁰⁰. MY HUSBAND IS NOT WORKING AND I CAN BARELY PAY THE THIS BILLS WE DENE HAVE DONE OUR BEST THE YEARS TO MAKE THE PROPERTY AT 308 N 19TH ST LIVEABLE SINCE IT HAS BEEN VANDALIZED SEVERAL TIMES DURING OUR PROCESS OF REMODELING IT. THIS HAS PUT US IN DEPT SINCE WE USED OUR HOME DEBIT CARD FOR THE FIXER. MY INTENSIONS ARE TO FINALLY MOVE IN AND MAKE IT OUR FOR EVER HOME, PLEASE, I NEEDED YOUR HELP TO MAKE THIS HAPPEN, THANK YOU.

Date: 6/25/18

Signed: J CEBALLO

Print Name: JAVIER CEBALLO

STATE OF FLORIDA

COUNTY OF ST. LUCIE

PERSONALLY APPEARED before me, the undersigned authority JAVIER CEBALLO 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-DL as identification.

SWORN TO AND SUBSCRIBED before me this 25th day of June, 2018.

[Signature]
Notary Public, State of Florida



AMARIS ISABEL GIL
MY COMMISSION # FF 914194
EXPIRES: August 30, 2019
Dendel Thru Budget Notary Services