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AUG 09 2018

CODE ENFORCEMENT
CITY OF FT. PIERCE



THE SUNRISE CITY
FORT PIERCE
CODE ENFORCEMENT
Florida

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

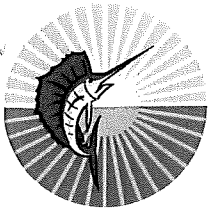
Date:	August 7 th , 2018				
Property address:	1310 BOSTON AVE FORT PIERCE FL. 34950				
Owner(s) of record:	NORELIA B. & JEAN C. SIMON				
Mailing address:	1310 BOSTON AVE FORT PIERCE FL. 34950				
Property tax ID #:	2409-813-0023-000/4				
Original purchase date:		Original purchase price:			
Property is used for:	<input checked="" type="checkbox"/> Single Family	<input checked="" type="checkbox"/> Multi-family	<input type="checkbox"/> Commercial	<input type="checkbox"/> Industrial	<input type="checkbox"/> Vacant Lot
Name of person requesting reduction:	JEAN SIMON		Relationship to owner(s)	SPOUSE	
Telephone #:	772 940 3401		Mobile phone #:		
E-mail:	ROSSAM 06@gmail.com		Preferred contact method:	MAIL	
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?		

AMOUNT OF FINE \$ 2330

DOLLAR AMOUNT REQUESTING TO BE WAIVED \$ 2330

DOLLAR AMOUNT I AGREE TO PAY \$ 0

Jean C Simon Aug 8, 2018 JEAN C. SIMON
Signature of Owner or Representative Date 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: 1310 BOSTON AVE. FORT PIERCE FL. 34950

Property Owner: NORELIA B. & JEAN C. SIMON

Mailing Address: 1310 BOSTON AVE. FORT PIERCE FL. 34950

Telephone #: 772 940 3401 Cell Phone #: _____

E-Mail Address: ROSSAM06@gmail.com

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

I, JEAN C. SIMON, 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:

On January 2018, I TRIED TO fix a part of the ~~B~~ PARKING roof, by a TECHNICIAN. IT WAS REPORTED THAT WE WERE UNDER violation After receiving a notice from the CITY.

WE QUICKLY CAME TO THE CITY DEPARTMENT TO PULL AN AUTHORISATION. WE WERE TOLD TO HAVE THE JOB done by LICENSED ARCHITECT AND ENGINEER. SO WE DID.

IT TOOK THE ARCHITECT SO LONG TO HAVE THE PLAN APPROVED by the BUILDING DEPARTMENT,

AFTER SUPERVISING AND COMPLETING THE WORK, IT ALSO TOOK TIME FOR THE CITY TO SEND 2 INSPECTORS TO CONFIRM THE WORK WAS COMPLIED WITH THE REQUIREMENT. UNTIL THIS AUGUST 6TH WE RECEIVED THAT FINE TO PAY.

Date: AUGUST 7TH, 2018

Signed:

Jean C Simon

Print Name:

JEAN C. SIMON

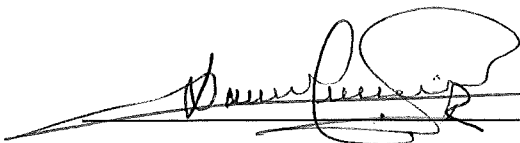
STATE OF FLORIDA

COUNTY OF ST. LUCIE

PERSONALLY APPEARED before me, the undersigned authority

JEAN SIMON 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 Driver License as identification.

SWORN TO AND SUBSCRIBED before me this 8th day of August, 2018.



Notary Public, State of Florida

