

THE SUNRISE CITY
FORT PIERCE
CODE ENFORCEMENT
Florida

Fill out and return to me
I have your letter
SM hearing Sept 5
City comm Sept 17

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

Date:	8/14/18			
Property address:	619 S. 17th STREET FORT PIERCE FL 34950			
Owner(s) of record:	SHANAWATTI BISESAR			
Mailing address:	105 S. 21st STREET FORT PIERCE FL 34950			
Property tax ID #:	2409-712-0120-000/4			
Original purchase date:			Original purchase price:	
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:	DIGBIJAI RAI		Relationship to owner(s):	BROTHER 516-383-7611 IN-LAW
Telephone #: ⁵¹⁶ 383-7611			Mobile phone #:	516-383-7611
E-mail: BETTYRAI98@YAHOO.COM			Preferred contact method:	
What are owner(s) intentions for property:	KEEP & MAINTAIN PROPERLY			
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

\$ 44,040.00

DOLLAR AMOUNT REQUESTING TO BE WAIVED

\$ ~~44,040.00~~

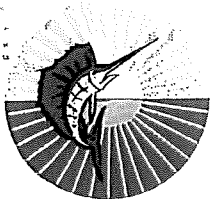
DOLLAR AMOUNT I AGREE TO PAY

\$ 500.00

Dig Bijai Rai
Signature of Owner or Representative

8/14/18
Date

DIGBIJAI RAI
Printed Name



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: 17th STREET
619 S. ~~21st~~ STREET FORT PIERCE FL 34950

Property Owner: SHANAWATTI BISESAR

Mailing Address: 105 S. 21st STREET FORT PIERCE FL 34950

Telephone #: 516-383-7611 Cell Phone #: 516-383-7611

E-Mail Address: BETTYRAI98@YAHOO.COM

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

I, DIGBIJAI RAI, 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:

I HEREBY MAKE APPLICATION FOR A RESCINDMENT OF THE FINE OF ~~\$44,040.00~~ SINCE THE VIOLATIONS WERE COMPLIED WITH. MY SELF AND WIFE WAS THERE WHEN IT WAS INSPECTED ON TIME BUT UNAWARE WHEN MY PAID LICENSED CONTRACTOR MR. VILLANOVA REPORTED IT. SINCE I AM UNAWARE OF THE TIME HE REPORTED IT, I KINDLY ASK YOUR HONORABLE JUDGE TO WAIVE THE FINE. IF I AM IN ANY ^{WAY} RESPONSIBLE OR PARTIALLY RESPONSIBLE, THEN I AM WILLING TO PAY A FINE OF ~~\$500.00~~.

Date: 8/14/18

Signed: [Signature]

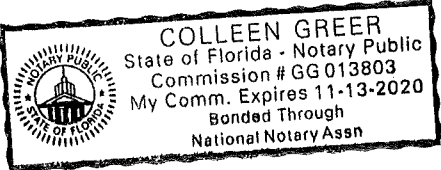
Print Name: DIGBIJAI RAI

STATE OF FLORIDA

COUNTY OF ST. LUCIE

PERSONALLY APPEARED before me, the undersigned authority Digbijai Rai 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 Dr. License as identification.

SWORN TO AND SUBSCRIBED before me this 14th day of August, 20 18.



Colleen Greer

Notary Public, State of Florida

OWNER / REPRESENTATIVE REQUEST TO PROCESS APPLICATION

Property Address: 619 S. 17th STREET FORT PIERCE FL 34980

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.

Diabhai RAI 8/14/18 DIABHAI RAI
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 either the Special Magistrate or Code Enforcement Board that authorized the Order Assessing Fine and Imposing Lien.

City Representative

Date

Printed Name