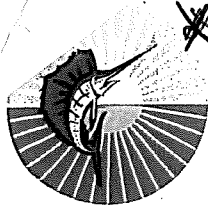


5625 N.W. WAWAN CT. PORT ST. LUCIE 34986

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

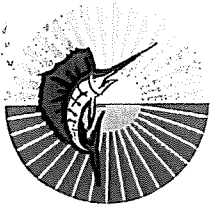
**REQUEST FOR A REDUCTION OR RESCINDMENT OF  
LOT CLEARING OR DEMOLITION LIEN**

Date:	11/30/18				
Property address:	503 N 14 ST				
Owner(s) of record:	SERGE CAMILLE				
Mailing address:	4560 NW 49 CT Coconut Creek FL 33073-2943				
Property tax ID #:	240950300140006				
Original purchase date:		Original purchase price:			
Property is used for:	<input type="checkbox"/> Single Family	<input type="checkbox"/> Multi-family	<input checked="" type="checkbox"/> Commercial	<input type="checkbox"/> Industrial	<input checked="" type="checkbox"/> Vacant Lot
Name of person requesting reduction:	Future Owner Vincent Marcellino		Relationship to owner(s)		
Telephone #:	954-914-5090		Mobile phone #:		
E-mail:	Horizon-Palms & Homes.com		Preferred contact method:		Telephone 954-914-5090
What are owner(s) intentions for property:					
Are there current code violations?	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	Explain: (please attached notice)		
Is property listed for sale?	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	If yes, what is listing price?		
Is property under contract for sale?	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	If yes, what is the sale price?		

City incurred charges (lot clearing, demolition, etc)	\$ 778.37
Administrative fees	\$ 1006.50
Interest	\$ 909.01
Penalties	\$ 184.56
<b>TOTAL AMOUNT DUE TO CITY</b>	<b>\$ 2878.44</b>
DOLLAR AMOUNT REQUESTING TO BE WAIVED	\$ 2100.07
DOLLAR AMOUNT I AGREE TO PAY	\$ 778.37

 11-30-18  
Signature of Owner or Representative Date

Vincent Marcellino  
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: 583 N 14th St  
 Property Owner: Serge Camille  
 Mailing Address: 4560 NW 49th Coconut Creek, FL 33073-2943  
 Telephone #: SAME Cell Phone #: 954 914 5090  
 E-Mail Address: Horizon-Palms@aHotmail.com  
 Is the property in compliance? yes If no, please explain in the narrative of your request.

I, Vincent Marcellino, 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 am heavily invested in this area of Ft Pierce. by owning over forty apartments and land. I am going to fix this land up and beautify the neighborhood with a business. I would appreciate any consideration to keep within my budget.

Date: 11-30-18

Signed: 

Print Name: Vincent Marcellino

STATE OF FLORIDA

COUNTY OF ST. LUCIE

PERSONALLY APPEARED before me, the undersigned authority Vincent Marcellino 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 DR License as identification.

SWORN TO AND SUBSCRIBED before me this 30th day of November, 2018.



Notary Public, State of Florida

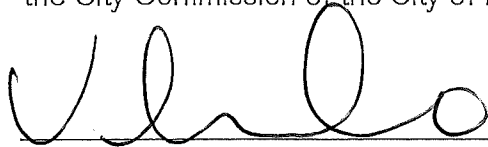
OWNER / REPRESENTATIVE REQUEST TO PROCESS APPLICATION

Property Address: 503 N. 14th St Ft Pierce FL 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(h), 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 considered and a determination made by the City Commission of the City of Fort Pierce.



Signature of Owner or Representative

11-30-18

Date

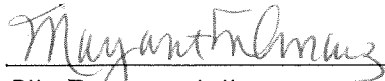
Vincent Marcellino

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 the City Commission for final determination.



City Representative

11/30/18

Date

Margaret M Amuz

Printed Name