

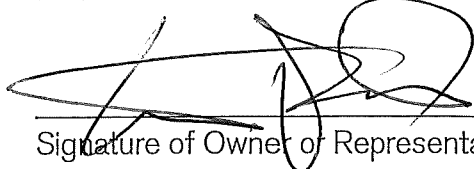
THE SUNRISE CITY
FORT PIERCE
CODE ENFORCEMENT
Florida

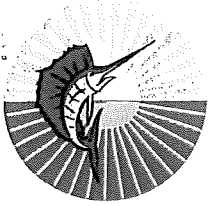
Case # 06-0787

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

Date:	May 16 th 2019		
Property address:	1007 AVENUE C Fort Pierce FL 34950		
Owner(s) of record:	PETIT KASSANDRA		
Mailing address:	PO Box 13504 Fort Pierce FL 34950		
Property tax ID #:	2409-513-0008-000-2		
Original purchase date:	06-02-2004	Original purchase price:	\$62,500 ⁰⁰
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:	William Petit	Relationship to owner(s):	FATHER
Telephone #:	(772) 985-1978	Mobile phone #:	
E-mail:	wbpetit@we.com	Preferred contact method:	E-MAIL
What are owner(s) intentions for property:	BASE ON MARKET CONDIT WBPETIT@GIVE.COM IS TO SELL THE PROPERTY TO PAY FOR THE OWNER		
Are there current code violations?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Explain (please attached notice)	School tuition
Is property listed for sale?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	If yes, what is listing price?	\$89,800 ⁰⁰
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 \$ 19,250⁰⁰
 DOLLAR AMOUNT REQUESTING TO BE WAIVED \$ 19,000⁰⁰
 DOLLAR AMOUNT I AGREE TO PAY \$ 250⁰⁰

 Signature of Owner or Representative
 May 16th 2019 Date
 William Petit 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: 1007 AVENUE C FORT PIERCE FL 34950

Property Owner: PETIT KASSANDRA

Mailing Address: PO BOX 13504 FORT PIERCE FL 34979

Telephone #: _____ Cell Phone #: (772) 985-1978

E-Mail Address: wbpetit@live.com

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

I, William Petit, 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:

BACK IN 2004, KASSANDRA PETIT'S PARENTS DECIDED TO PURCHASE THE PROPERTY TO BE USED FOR HER SCHOOL TUITION COST DOWN THE LINE. MS PETIT'S GRADUATED FROM LINCOLN PARK ACADEMY LATER TO UCF & NOW AT MASS GENERAL HOSPITAL - NURSE PRACTITIONER'S PROGRAM TO BE COMPLETED FALL OF 2020.

I, WILLIAM PETIT HAVE BEEN MANAGING THE PROPERTY WITH FULL CONTROL. I WAS RECENTLY INFORMED OF SAID LIEN VS THE PROPERTY FOR VIOLATION OCCURRED & CORRECTED IN 2007 WHILE IN THE PROCESS OF DISPOSING THE ASSETS TO OFFSET HUNDRED OF THOUSAND OF DOLLARS OF TUITION COST. I HAVE NO RECOLLECTION OF EVENTS FROM 2007 CONCERNING THIS MATTER - AND THIS IS A IMPORTANT MATTER THAT I WOULD ADDRESS IMMEDIATELY

Date: MAY 16TH 2019

Signed: _____

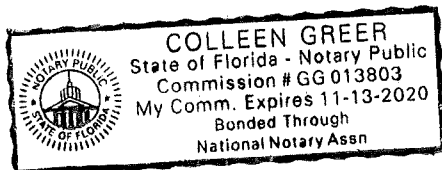
Print Name: William Petit

STATE OF FLORIDA

COUNTY OF ST. LUCIE

PERSONALLY APPEARED before me, the undersigned authority William Petit 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 Drivers license as identification.

SWORN TO AND SUBSCRIBED before me this 16th day of May, 2019.



Colleen Greer

Notary Public, State of Florida

OWNER / REPRESENTATIVE REQUEST TO PROCESS APPLICATION

Property Address: 1007 AVENUE C FORT 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(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.

[Signature] May 16th 2019 William Petit
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

Licensee Information

[Close Window](#)

Note: to print this page properly select File, Page Setup, and Landscape.

Name

Full Name: Kassandra Sharine Petit

License Information

License Number:	RN2328943	License Type:	Registered Nurse
Profession:	NURSING	Date of Last Renewal:	
Issue Date:	10/22/2018	Expiration Date:	8/16/2020
License Status:	Current	Today's Date:	5/16/2019
Reciprocity State:			

Address Information

City: Boston
 State: MA
 Zipcode: 02119
 Country: United States

Education Information

School Name: Mgh Institute Of Health Professions
 Degree Certificate: RN Entry-Level Masters

Prerequisite Information

No Prerequisite Information

Disciplinary Information

This website displays disciplinary actions taken against a license since 1993. For information on any disciplinary actions taken before 1993, contact the Board that issued the license.

Important: Disciplinary actions taken against a license will NOT display on any other license or associated permit or authorization. You must look up every license, permit, or authorization held by a licensee to see all disciplinary actions.

Case #	Date Closed	Discipline	Discipline Start	Discipline End
Currently there is no disciplinary information regarding this license.				