


THE SUNRISE CITY
FORT PIERCE
 CODE ENFORCEMENT
Florida

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

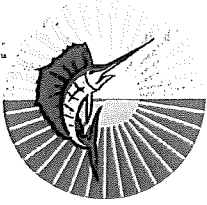
Date:	May 16 th 2019		
Property address:	3101 LOUISIANA AVENUE Fort Pierce		
Owner(s) of record:	William Petit		
Mailing address:	PO Box 13504 Fort Pierce FL 34979		
Property tax ID #:	247-504-0008-000/9		
Original purchase date:	Original purchase price:	UNKNOWN AS THE CITY	
Property is used for:	<input 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:	William Petit	Relationship to owner(s):	SELF
Telephone #:		Mobile phone #:	772 985-1978
E-mail:	wbpetit@live.com	Preferred contact method:	E-MAIL
What are owner(s) intentions for property:	property was taken down by the city		
Are there current code violations?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Explain: (please attached notice) N/A
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 \$ 68,540⁰⁰
 DOLLAR AMOUNT REQUESTING TO BE WAIVED \$ 68,290⁰⁰
 DOLLAR AMOUNT I AGREE TO PAY \$ ~~68,540~~ 2,500⁰⁰


 Signature of Owner or Representative

May 16th 2019
 Date

William Petit
 Printed Name



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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: 3101 LOUISIANA AVE FORT PIERCE FL
 Property Owner: William Petit
 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? N/A 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:

I PURCHASED A THREE FAMILY PROPERTY A FEW YEARS BACK TO RENOVATE AND PROVIDE FINANCIAL ASSISTANCE FOR MY CHILDREN'S TUITION

WHILE IN THE PROCESS OF RENOVATION, I FACED MANY CHALLENGES WITH MULTIPLE CONTRACTOR AND THE BUILDING DEPT OF FORT PIERCE.

AFTER SPENDING HUNDREDS OF THOUSANDS OF DOLLARS I HAD NO MORE FUNDS TO CONTINUE THE PROJECT AND WAS NOT ABLE TO OBTAIN MORE FUNDS - FROM OTHER SOURCES AS A RESULT OF HOUSING MARKET. PROPERTY WAS LATER TAKEN OVER BY TAXES

Date: MAY 16TH 2019

Signed: [Signature]

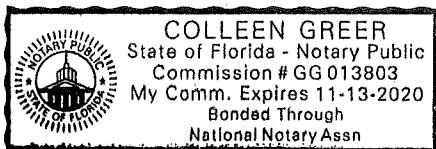
Print Name: William Petit

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 FL 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: 3101 LOUISIANA A Ave Fort Pierce FL

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 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