



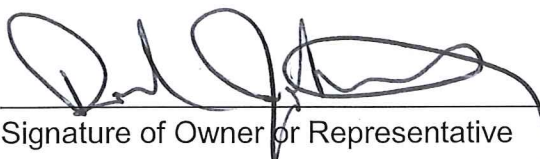
REQUEST FOR A REDUCTION OR RESCINDMENT OF
BUILDING VIOLATION FINES

Date:	5/15/19		
Property address:	104 Roselyn Ave Fort Pierce FL 34982		
Owner(s) of record:	Barbara Johnston		
Mailing address:	3190 SW Armucher St Port St Lucie 34953		
Property tax ID #:	2422-504-0042-000/5		
Original purchase date:	9/8/14	Original purchase price:	\$100.00
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:	Barbara Johnston PAUL Johnston	Relationship to owner(s)	Husband
Telephone #:	772-882-0667	Mobile phone #:	
E-mail:	barbjohnston75@live.com	Preferred contact method:	mail / email
What are owner(s) intentions for property:	owner's children live in home		
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 \$ 940.00

DOLLAR AMOUNT REQUESTING TO BE WAIVED \$ 940.00

DOLLAR AMOUNT I AGREE TO PAY \$ 0


Signature of Owner or Representative

5/15/19
Date

REQUEST FOR REDUCTION OF PENALTY FOR BUILDING VIOLATIONS

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. For building violation liens (those imposed by a Special Magistrate or Code Enforcement Board), contact Elizabeth Beck (772-467-3718) for cost / fees breakdown.
8. 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.
9. Return this form, the application and any other pertinent documentation to the Building Department.
10. Requests for Reduction / Rescindment of building violation liens are governed by Rule 17 of the City's Rules & Regulation for Code Enforcement Board and Special Magistrate.

Property Address: 104 Roselyn Ave Fort Pierce 34982
Property Owner: Barbara Johnston
Mailing Address: 3190 SW Armucher St Port St Lucie 34953
Telephone #: 772-882-0000 Cell Phone #: _____
E-Mail Address: barbjohnston75@live.com

Is the property in compliance? yes If not, please explain in the narrative of your request.

I, Paul Johnston, 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:

We were under the impression that if we renewed our permits and completed all work on the house, there would be no fines. All work is complete. We spent approximately \$60,000 remodeling this home. It was a financial struggle to do this, but we finally reached the finish line. The improvement in this home cannot be expressed in words. The neighborhood has gone downhill in recent years as far as the condition of the homes. This home is easily ~~the~~ among the top 3 best looking in this neighborhood. We should be receiving The Golden Hammer for what we've done... not a fine.

Signed: _____ Date: 5/29/19

Print Name: Paul M. Johnston

STATE OF FLORIDA

COUNTY OF ST. LUCIE

PERSONALLY APPEARED before me, the undersigned authority _____ 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 _____ as identification.

SWORN TO AND SUBSCRIBED before me this _____ day of _____, 20_____.

Notary Public, State of Florida