

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

2/18/20

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

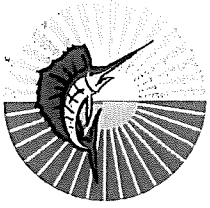
Date:	January 31, 2020		
Property address:	1025 N. 12th Street		
Owner(s) of record:	Betty Robinson		
Mailing address:	PO Box 2075, Ft. Pierce, FL 34954		
Property tax ID #:	2404-804-0002-000-8		
Original purchase date:		Original purchase price:	
Property is used for:	<input type="checkbox"/> Single Family	<input type="checkbox"/> Multi-family	<input type="checkbox"/> Commercial
		<input type="checkbox"/> Industrial	<input checked="" type="checkbox"/> Vacant Lot
Name of person requesting reduction:	Betty Robinson	Relationship to owner(s)	Self
Telephone #:	772-971-1596	Mobile phone #:	772-971-1596
E-mail:	betty-robinson2@bellsouth.net	Preferred contact method:	Text or call
What are owner(s) intentions for property:	Sell		
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?

City incurred charges (lot clearing, demolition, etc)	\$ 1481.68
Administrative fees	\$ 110.20
Interest	\$ 1032.14
Penalties	\$ 204.42
<b>TOTAL AMOUNT DUE TO CITY</b>	<b>\$ 2834.63</b>
DOLLAR AMOUNT REQUESTING TO BE WAIVED	\$ 1236.56
DOLLAR AMOUNT I AGREE TO PAY	\$ 1598.07

Betty Robinson  
 Signature of Owner or Representative

1/31/2020  
 Date

Betty Robinson  
 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: 1025 N. 12<sup>th</sup> Street

Property Owner: Betty Robinson

Mailing Address: PO Box 2075, Ft. Pierce, FL 34954

Telephone #: (772) 971-1596 Cell Phone #: (772) 971-1596

E-Mail Address: betty-robinson2@bellsouth.net

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

I, Betty Robinson, 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:

Until December 30, 2019, this property was in my father's name (John Fox). I recently probated the property and it is currently in my name. I had requested to pay the liens in the past, but, because the property was not owned by me was unable to get a reduction of the amount owed. The lot clearance occurred in 1997 and 1998. Since then, we have maintained the lot clearance and paid all taxes. I am requesting a reduction of the amount owed by the amount of the interest (\$1032.14) and penalty (\$204.42)

Date: 1/31/2020

Signed: Betty Robinson

Print Name: Betty Robinson

STATE OF FLORIDA

COUNTY OF ST. LUCIE

PERSONALLY APPEARED before me, the undersigned authority Betty Robinson 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 31 day of January, 2020.



Angela Moreno

Notary Public, State of Florida

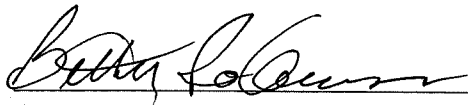
OWNER / REPRESENTATIVE REQUEST TO PROCESS APPLICATION

Property Address:	
-------------------	--

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

1/31/2020  
Date

Betty Robinson  
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 the City Commission for final determination.

\_\_\_\_\_  
City Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name