



THE SUNRISE CITY
FORT PIERCE
 CODE ENFORCEMENT

Florida

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

Date:	5/27/2021		
Property address:	TBD Avenue G		
Owner(s) of record:	Victoria E. Young		
Mailing address:	10101 NW 26th Ave Near, Miami FL 33147		
Property tax ID #:	2420-814-0019-0001		
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:	Kaleel Coker	Relationship to owner(s)	None
Telephone #:	954 410 5505	Mobile phone #:	954
E-mail:	KCOKER2456@gmail.com	Preferred contact method:	
What are owner(s) intentions for property:	For Development		
Are there current code violations?	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	Explain: (please attached notice) Abatement see attached
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 type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	If yes, what is the sale price? \$2500

City incurred charges (lot clearing, demolition, etc) \$ _____
 Administrative fees \$ _____
 Interest \$ _____
 Penalties \$ _____
TOTAL AMOUNT DUE TO CITY \$ _____
DOLLAR AMOUNT REQUESTING TO BE WAIVED \$ _____
DOLLAR AMOUNT I AGREE TO PAY \$ 2500.00


6/9/21
Kaleel Coker
 Signature of Owner or Representative Date 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.

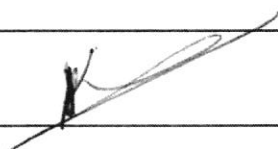
Property Address: Ave G - Address To be Determined
 Property Owner: Victoria Young
 Mailing Address: 10101 NW 26th Ave Rear, Miami, FL 33147
 Telephone #: _____ Cell Phone #: _____
 E-Mail Address: _____

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

I, Kaleel A. Coker, 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 purchasing the property from Ms. Victoria young (Property owner) with the hope of building a home on the property. I am seeking a reduction on the fines in order close on the property with a clear title.

Date: 6/9/21

Signed: 

Print Name: Kaleel Coker

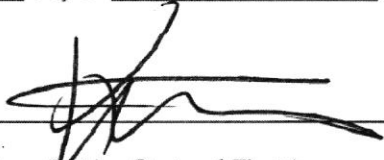
STATE OF FLORIDA

COUNTY OF ST. LUCIE

PERSONALLY APPEARED before me, the undersigned authority Kaleel Coker 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 9th day of June, 2021.




Notary Public, State of Florida

OWNER / REPRESENTATIVE REQUEST TO PROCESS APPLICATION

Property Address: TBD Ave G 2420-814-0019-000-1 ^{Tax ID#}

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.

 6/19/21 Kaleel Coker
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 the City Commission for final determination.

Margaret M. Arpaiz 6/22/21 MARGARET M. ARPAIZ
City Representative Date Printed Name