



THE SUNRISE CITY
FORT PIERCE
CODE ENFORCEMENT
Florida

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

Date:	October 6 th 2021			
Property address:	1312 Atlantic Ave, Fort Pierce			
Owner(s) of record:	William Smith			
Mailing address:				
Property tax ID #:				
Original purchase date:	1-2003	Original purchase price:	25,000	
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 Smith	Relationship to owner(s):	Owner	
Telephone #:	772 834 4451	Mobile phone #:	772 834 4451	
E-mail:		Preferred contact method:	772 834 4451	
What are owner(s) intentions for property:	Sold			
Amount of Lien:		Date Fine Initiated:		
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 checked="" type="checkbox"/> Yes	If yes, what is listing price?	54,000
Is property under contract for sale?	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	If yes, what is the sale price?	54,000

AMOUNT OF FINE / LIEN \$ _____

DOLLAR AMOUNT REQUESTING TO BE WAIVED \$ _____

DOLLAR AMOUNT I AGREE TO PAY \$ 0000


Signature of Owner or Representative

10/6/21
Date

WILLIAM SMITH
Printed Name

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(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 administratively through the Rules of Procedure Sec. 17(d), I understand the requirements to be met and understand that the Special Magistrate will make the final determination.

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

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.



City 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 Katherine Calderon (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: 1312 Atlantic Ave, Fort Pierce, FL 34950
Property Owner: William Smith
Mailing Address: _____
Telephone #: 772 834 4451 Cell Phone #: 772 834 4451
E-Mail Address: _____

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

I, William Smith, 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 have removed all wood from windows replaced 2 windows and window handles.

The renter at 1312 Atlantic Ave, Fort Pierce, FL had made the hole to create a doggy door for her dog to go through at night when let out to use the bathroom at night.

Date: 10/6/21

Signed: _____

Print Name: William Smith

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____.

*WAIVED
e-19*

Notary Public, State of Florida