

RECEIVED

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

DEC 21 2021

CITY OF FORT PIERCE COMMUNITY RESPONSE Code Enforcement & Animal Control

| | | | | |
|--|---|--------------------------------------|-----------------------------------|--|
| Date: | 12/15/21 | | | |
| Property address: | 710 704 N. 24th STREET, FT. PIERCE | | | |
| Owner(s) of record: | ZOG LTD PARTNERSHIP | | | |
| Mailing address: | 75 NE 5th AVENUE, APT O, DELRAY BEACH, FL 33483 | | | |
| Property tax ID #: | 2404 - 710 - 052 - 000/5 | | | |
| Original purchase date: | 11/5/2010 | Original purchase price: | \$1250 ⁰⁰ | |
| Property is used for: | Single Family | Multi-family | Commercial | Industrial <input checked="" type="radio"/> Vacant Lot |
| Name of person requesting reduction: | BARBARA S. OHREN | | Relationship to owner(s) | MANAGING PARTNER |
| Telephone #: | (561) 289-8394 | | Mobile phone #: | (561) 289-8394 |
| E-mail: | barbara.ohren@gmail.com | | Preferred contact method: | (561) 289-8394 |
| What are owner(s) intentions for property: | SALE | | | |
| Are there current code violations? | <input checked="" type="radio"/> No | <input type="radio"/> Yes | Explain: (please attached notice) | |
| Is property listed for sale? | <input type="radio"/> No | <input checked="" type="radio"/> Yes | If yes, what is listing price? | \$15,000 |
| Is property under contract for sale? | <input type="radio"/> No | <input checked="" type="radio"/> Yes | If yes, what is the sale price? | \$15,000 |

City incurred charges (lot clearing, demolition, etc) \$ _____ Administrative fees \$ _____ Interest \$ _____ Penalties \$ _____ TOTAL AMOUNT

DUE TO CITY \$ 4004.56 DOLLAR AMOUNT REQUESTING TO BE WAIVED
\$ 2000.00 DOLLAR AMOUNT I AGREE TO PAY \$ 2004.56

100 NORTH US 1, FORT PIERCE, FLORIDA 34950 • CITYOFFORTPIERCE.COM • TEL: 772.467.3000 • FAX: 772.468.0457

BARBARA OHREN
Barbara Ohren Signature of Owner or Representative Date Printed
Name

OWNER / REPRESENTATIVE REQUEST TO PROCESS APPLICATION

| | |
|-------------------|---------------------------|
| Property Address: | <u>704 N. 24TH STREET</u> |
|-------------------|---------------------------|

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.

BARBARA OHREN
Barbara Ohren 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.



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: 704 N. 24th STREET, FT. PIERCE

Property Owner: ZOG Ltd. PARTNERSHIP

Mailing Address: 75 NE 5th AVENUE, APT. 0, DELRAY BEACH, FL. 33483

Telephone #: (561)289-8394 Cell Phone #: (561)289-8394

E-Mail Address: barbara.ohren@gmail.com

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

I, BARBARA S. OHREN, 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:

ZOG LIMITED PARTNERSHIP is requesting this hearing because the partnership feels that the liens that are being charged against the properties are arbitrary and unfair. ZOG Limited Partnership has always conducted their business affairs promptly and professionally.

The Partnership was caught by surprise with the enormity of the fines since there was no prior notice of the deficiency before October 1, 2021. The Code Enforcement compliance agent can relate that ZOG promptly made the appropriate improvements that were requested by the department of code enforcement. Rubbish was removed, grass was cut, and trees were trimmed prior to the end of October 2021.

Currently we have a contract for sale for the four lots to a company who will construct Low Income Housing on the lots that will greatly improve the look of the neighborhood and supply affordable housing for the population.

Date:

12 17 21

Signed:

Barbara Ohren

Print Name:

BARBARA OHREN

STATE OF FLORIDA

COUNTY OF ST. LUCIE

PERSONALLY APPEARED before me, the undersigned authority BARBARA OHREN 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 Florida Drivers License as identification.

SWORN TO AND SUBSCRIBED before me this 17 day of December, 2021.



JL

Notary Public, State of Florida