



JAN 12 2022

CITY OF FORT PIERCE  
COMMUNITY RESPONSE  
Code Enforcement &  
Animal Control

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

Date:	1/12/22				
Property address:	439 Mcas Ct.				
Owner(s) of record:	SHEENUM DHIMAN				
Mailing address:	2392 EATON CT ORANGE CA 92867				
Property tax ID #:	2409-501-0290-00018				
Original purchase date:	2011	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:	AMAN MAHOTRA		Relationship to owner(s)	HUSBAND	
Telephone #:			Mobile phone #:	714-423-7480	
E-mail:	aman.mahotra44@hotmail.com		Preferred contact method:	Phone	
What are owner(s) intentions for property:	Sale. We are about to go in escrow.				
Are there current code violations?	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	Explain: (please attached notice)		
Is property listed for sale?	<input 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?		\$4000

City incurred charges (lot clearing, demolition, etc)

\$ 10,589.18

Administrative fees

\$ \_\_\_\_\_

Interest

\$ \_\_\_\_\_

Penalties

\$ \_\_\_\_\_

TOTAL AMOUNT DUE TO CITY

\$ \_\_\_\_\_

DOLLAR AMOUNT REQUESTING TO BE WAIVED

\$ \_\_\_\_\_

DOLLAR AMOUNT I AGREE TO PAY

\$ 400

Aman Mahotra 1/12/22  
Signature of Owner or Representative Date

AMAN MAHOTRA  
Printed Name

OWNER / REPRESENTATIVE REQUEST TO PROCESS APPLICATION

Property Address: 439 Means Ct.

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.

Aman Malhotra 1/12/22  
Signature of Owner or Representative Date

AMAN MALHOTRA  
Printed Name

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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. Arruz 1/12/22  
City Representative Date

Margaret M. Arruz  
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: 439 Means Ct.

Property Owner: Sheenum Dhiran

Mailing Address: 2392 Eaton Ct. ORANGE CA 92867

Telephone #: \_\_\_\_\_ Cell Phone #: 714-423-7480

E-Mail Address: amanmalhotra44@hotmail.com

Is the property in compliance? NO If no, please explain in the narrative of your request.  
I wish to file a request to reduce my outstanding request of 2 Lot clearing & demolition liens.

I, Sheenun Dhiman, 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:

Since I bought this lot at an auction, I wasn't aware of any ongoing maintenance needs for the lot. Also when filing taxes on the city's website this never came up either. I would really appreciate a reduction for this cost as we are about to open escrow for a lot sale to a local resident.

Date: 1/12/22

Signed: 

Print Name: SHEENUN DHIMAN

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