



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

Date:	10-29-21				
Property address:	509 N 14 st				
Owner(s) of record:	CAMILLE				
Mailing address:	6119 NW HELMSDALE WAY PSL FL 34903				
Property tax ID #:					
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:	Russell Balasio		Relationship to owner(s)	New Owner	
Telephone #:	561 602 2001		Mobile phone #:	561 602 2001	
E-mail:	500DIRECTFL@gmail.com		Preferred contact method:	PHONE	
What are owner(s) intentions for property:	develop new single family home				
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 type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	If yes, what is the sale price?		

City incurred charges (lot clearing, demolition, etc) \$ _____
 Administrative fees \$ _____
 Interest \$ _____
 Penalties \$ _____
 TOTAL AMOUNT DUE TO CITY \$ _____
 DOLLAR AMOUNT REQUESTING TO BE WAIVED \$ 10,196.20
 DOLLAR AMOUNT I AGREE TO PAY \$ 0

RAM
 Signature of Owner or Representative Date

Russ Balasio
 Printed Name



RECEIVED

OCT 29 2021

CITY OF FORT PIERCE
 COMMUNITY RESPONSE
 Code Enforcement &
 Animal Control

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: 507 N 14th

Property Owner: CAMILLE

Mailing Address: 6119 NW HELMSDALE WAY PSL FL 34983

Telephone #: 561 602 2001 Cell Phone #: 561 602 2001

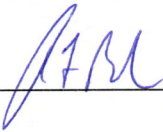
E-Mail Address: SODDIRECTFL@GMAIL.COM

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

I, Russell Balasco, 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 this property to help improve the area. I'm involved in improving this area by rehabbing and developing area with buildings and landscaping. I care about Fort Pierce and want to improve the area. I plan on building a new single family home on this property and need help with reductions on the liens

Date: 10-29-21

Signed: 

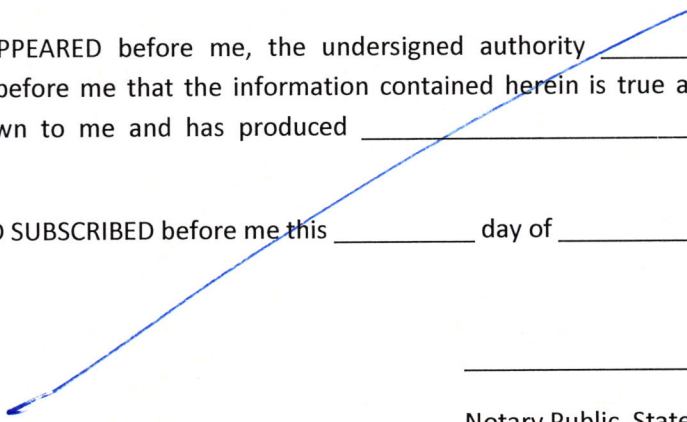
Print Name: Russell Balasco

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