



THE SUNRISE CITY  
**FORT PIERCE**  
CODE ENFORCEMENT  
*Florida*

**RECEIVED**

FEB 11 2022

CITY OF FORT PIERCE  
COMMUNITY RESPONSE  
Code Enforcement &  
Animal Control

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

Date:	2/10/22				
Property address:	3103 Hibiscus Avenue Fort Pierce, Fl.				
Owner(s) of record:	Willie D. Singletary				
Mailing address:	3103 Hibiscus Avenue Fort Pierce, Fl.				
Property tax ID #:	2417-515-0042-000/3				
Original purchase date:			Original purchase price:		
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:	Willie D. Singletary		Relationship to owner(s)		
Telephone #:	772 267-9053		Mobile phone #:	772 267-9053	
E-mail:	williesingletary1956@yahoo.com		Preferred contact method:	772 267-9053	
What are owner(s) intentions for property:	Family Residence				
Amount of Lien:	11,580.00		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 type="checkbox"/> Yes	If yes, what is listing price?		
Is property under contract for sale?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	If yes, what is the sale price?		

AMOUNT OF FINE / LIEN

\$ 11,580.00

DOLLAR AMOUNT REQUESTING TO BE WAIVED

\$ 11,580.00

DOLLAR AMOUNT I AGREE TO PAY

\$ 0

Willie D. Singletary 2/10/22  
Signature of Owner or Representative Date

Willie D. Singletary  
Printed Name

OWNER / REPRESENTATIVE REQUEST TO PROCESS APPLICATION

Property Address: 3103 Hibiscus Avenue Fort Pierce, FL.

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.

Willie D. Singletary 2/10/22  
Signature of Owner or Representative      Date

Willie D. Singletary  
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. Amiz 2/10/22  
City Representative      Date

Margaret M. Amiz  
Printed Name



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**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: 3103 Hibiscus Avenue Fort Pierce, Fl.

Property Owner: Willie D. Singletary

Mailing Address: 3103 Hibiscus Avenue

Telephone #: 772 461 5440 Cell Phone #: 772 267 9053

E-Mail Address: Willie.Singletary1956@yahoo.com

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

I, Willie D. Singletary, 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'm no longer receiving Social ~~Security~~ Security Benefits. My wife has passed away. Her social security benefits has stopped coming into the household. In all two thousand Five hundred dollars per month ~~was~~ is no longer coming into the household.

I struggle each month to maintain the utilities, cable vision with wifi, car payments, and auto insurance. My heating and cooling system broke down this past summer. I am making monthly payments on the heating and cooling system. In conclusion, I am a cancer survivor. I must have a medical procedure once a year to monitor my health. Medical bills are piling up. I can't pay them.

Date: 2/10/22

Signed: Willie D. Singletary

Print Name: Willie D. Singletary

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