



THE SUNRISE CITY
FORT PIERCE
CODE ENFORCEMENT
Florida

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

Date:	NOV. 8, 2021				
Property address:	3210 INDIANA CT FT PIERCE FL 34927				
Owner(s) of record:	BOBBY PARKER (VIVIAN MIMS)				
Mailing address:	PO BOX 1605 FT PIERCE, FL 34954				
Property tax ID #:	2417-513-0049-000-6				
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:	VIVIAN MIMS		Relationship to owner(s)		SELF
Telephone #:	772 519-6748		Mobile phone #:		
E-mail:	msviv9240@aol.com		Preferred contact method:		MAIL
What are owner(s) intentions for property:	LIVE IN				
Amount of Lien:	1,240,770.00		Date Fine Initiated:		MARCH 25, 2009
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 \$1,240,770.00

DOLLAR AMOUNT REQUESTING TO BE WAIVED \$1,237,770.00

DOLLAR AMOUNT I AGREE TO PAY \$3,000.00

Vivian G Mims 11/8/21
Signature of Owner or Representative Date

VIVIAN G MIMS
Printed Name

OWNER / REPRESENTATIVE REQUEST TO PROCESS APPLICATION

Property Address: 3210 INDIANA CT, FORT PIERCE FL 34947

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.

Vivian G Mims
Signature of Owner or Representative

11/9/21
Date

VIVIAN G MIMS
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.

Margaret M. Arruz
City Representative

11/15/21
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: 3210 INDIANA CT, FT PIERCE FL 34947

Property Owner: _____

Mailing Address: PO BOX 1605, FT PIERCE FL 34954

Telephone #: 772 519-6748 Cell Phone #: _____

E-Mail Address: msviv924@gmail.com

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

I, VIVIAN G MIMS, 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 73 yrs old and I live with my daughter. I do not have any income other than social security and a part time job. My health is fair but I was not able to maintain or repair the property. I did try for financial assistance through the city of Ft Pierce but there was no money available. The property is now up to code but I do not have the money or resources to pay the lien. Please consider my request for a reduction in the lien.
Thank You

Date: 11/9/2021

Signed: Vivian G Mims

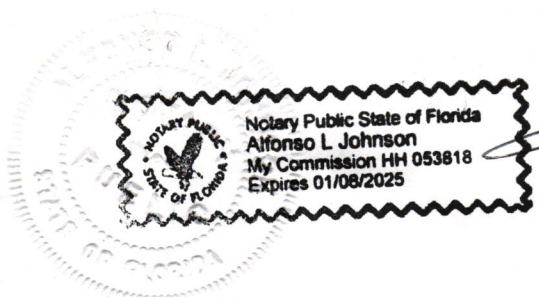
Print Name: VIVIAN G MIMS

STATE OF FLORIDA

COUNTY OF ST. LUCIE

PERSONALLY APPEARED before me, the undersigned authority VIVIAN G MIMS 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 PERSONAL KNOWLEDGE as identification.

SWORN TO AND SUBSCRIBED before me this 9th day of NOVEMBER, 2021.



[Signature]
Notary Public, State of Florida