



REQUEST FOR A REDUCTION OR RESCINDMENT OF  
 BUILDING VIOLATION LIENS

Date:	02.19.2024			
Property address:	1618 S 27 <sup>th</sup> St Fort Pierce, FL 34947			
Owner(s) of record:				
Mailing address:	1618 S 27 <sup>th</sup> St Fort Pierce, FL 34947			
Property tax ID #:	241780200090001			
Original purchase date:	06.19.2020	Original purchase price:	\$60,000	
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:	Maximino Delgado		Relationship to owner(s)	
Telephone #:	772.579.2752		Mobile phone #:	
E-mail:			Preferred contact method:	
What are owner(s) intentions for property:	reduction in fine			
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

\$ 7,930.00

DOLLAR AMOUNT REQUESTING TO BE WAIVED

\$ 7,930.00

DOLLAR AMOUNT I AGREE TO PAY

\$ 0

Signature of Owner or Representative

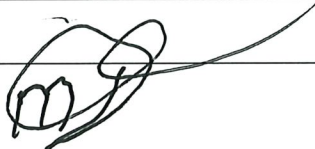
02.19.2024

Date

I, Maximino Delgado Loyola, 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 an older man, I live alone and I don't have any resource to pay this amount. I ask for forgiveness. Thank you.

Signed: \_\_\_\_\_



Date: 02.19.2024

Print Name: Maximino Delgado Loyola

STATE OF FLORIDA

COUNTY OF ST. LUCIE

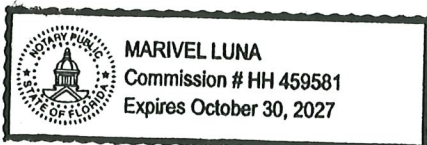
PERSONALLY APPEARED before me, the undersigned authority

Maximino Delgado Loyola 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

D 423 540 51 008 0 as identification.

SWORN TO AND SUBSCRIBED before me this 20<sup>th</sup> day of Feb., 2024

  
\_\_\_\_\_  
Notary Public, State of Florida



## REQUEST FOR REDUCTION OF PENALTY FOR BUILDING VIOLATIONS

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), contact Katherine Calderon (772-467-3149) for cost / fees breakdown.
7. For building violation liens (those imposed by a Special Magistrate or Code Enforcement Board), contact Elizabeth Beck (772-467-3712) for cost / fees breakdown.
8. 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.
9. Return this form, the application and any other pertinent documentation to the Building Department.
10. Requests for Reduction / Rescindment of building violation liens are governed by Rule 15 of the City's Rules & Regulation for Code Enforcement Board and Special Magistrate.

Property Address: 1618 S 27<sup>th</sup> Fort. Pierce FL, 34947

Property Owner: Maximino Delgado Loyola

Mailing Address: 1618 S 27<sup>th</sup> Fort. Pierce FL, 34947

Telephone #: 772.579.2752 Cell Phone #: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Is the property in compliance? Yes If not, please explain in the narrative of your request.

**OWNER / REPRESENTATIVE REQUEST TO PROCESS APPLICATION**

Property Address: 1618 S 27<sup>th</sup> St Fort. Pierce FL 34947

I acknowledge that I have been provided a copy of Rule 15 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. 15(a,b), I understand the requirements to be met and that I waive my right to a hearing before either the Special Magistrate or City Commission.

I am requesting that my application for lien reduction be processed through the Rules of Procedure Sec. 15(a,c,d), I understand the requirements to be met and that my request will be heard and determination made by the Special Magistrate that authorized Order Assessing Fine and Imposing Lien.



\_\_\_\_\_  
Signature of Owner or Representative

02.19.2024

\_\_\_\_\_  
Date

**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 does not agree to process the application as requested by the signing party.

Comments:

\_\_\_\_\_

  
\_\_\_\_\_  
Shaun Coss, Building Department Coordinator

2/28/24  
\_\_\_\_\_  
Date