



REQUEST FOR A REDUCTION OR RESCINDMENT OF
BUILDING VIOLATION FINES

Date:	02/04/2025			
Property address:	2514 Ave C			
Owner(s) of record:	AJ & JT LLC			
Mailing address:	5141 NW SUNN RD			
Property tax ID #:				
Original purchase date:	07/20/22	Original purchase price:	\$70,000.00	
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:	Sogunda Maldonado		Relationship to owner(s)	manager
Telephone #:	917 682 9809		Mobile phone #:	917 682 9809
E-mail:			Preferred contact method:	917 682 9809
What are owner(s) intentions for property:	Sale			
Are there current code violations?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	Explain: (please attached notice)	
Is property listed for sale?	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	If yes, what is listing price?	\$260,000.00
Is property under contract for sale?	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	If yes, what is the sale price?	\$260,000.00

AMOUNT OF FINE / LIEN

\$ 4730.00

DOLLAR AMOUNT REQUESTING TO BE WAIVED

\$ 4230.00

DOLLAR AMOUNT I AGREE TO PAY

\$ 500.00

Sogunda Maldonado
Signature of Owner or Representative

02/4/2025
Date

Waived Riths 10 Day Notice 02/4/2025 [Signature]

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 or Code Enforcement Board), contact Colleen Greer (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 (772-467-3718) 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 17 of the City's Rules & Regulation for Code Enforcement Board and Special Magistrate.

Property Address: 2514 Ave B

Property Owner: AS & JM LLC

Mailing Address: 5141 NW Donna Rd Fort Pierce FL 34981

Telephone #: 917 682 9809 Cell Phone #: 917 682 9809

E-Mail Address: Smhomes14@gmail.com

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

I, Segundo Maldonado, 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 submitted The permit To The city as The city instructed me to, but I couldn't start The work until The city approved The permit. So when The permit was submitted The city also asked For The plans To be reviewed and The delayed us From being able To start because we didn't have The authorization From The city of Fort Pierce at The Time They approved The permit. We started The work immediately but when we came To court we brought The paper where we proved That we had submitted The Documents and That we hadn't been able To start because They hadn't approved The permit.

Signed: Segundo Maldonado Date: 02/4/2025

Print Name: SEGUNDO MALDONADO

STATE OF FLORIDA

COUNTY OF ST. LUCIE

PERSONALLY APPEARED before me, the undersigned authority SEGUNDO MALDONADO 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 FLA DL# M435796690290 as identification.

SWORN TO AND SUBSCRIBED before me this 04 day of Feb, 20 25.

[Signature]

Notary Public, State of Florida

