CODE ENFORCEMENT BOARD  
CITY OF ORLANDO  

CEB CASE NO. ___________

REQUEST FOR REDUCTION OF PENALTY

By completing this form, you are making statements under oath. Failure to be truthful is a violation of Orlando City Code Section 43.16, and Florida Statutes pertaining to perjury, which is a felony.

INSTRUCTIONS:

The property must be in compliance with the Board’s order for the case. Prior to completing, you should verify that there is an affidavit of compliance completed by the officer handling the case and include it with your submittal. Please fill out this form completely, and be specific when writing your statements. Be advised that this form and any attachments will become public record. When the form is complete, please contact the Recording Secretary of the Code Enforcement Board at 407-246-3368, to schedule an appointment for returning your information.

INCOMPLETE FORMS WILL NOT BE ACCEPTED.

This Petition will be presented at the next regularly scheduled meeting, held on the second Wednesday of each month, and you will be notified in writing of the Board’s decision within 10 days after the Hearing. Under the Board’s rules, the City may submit a written statement in response to your petition. The boards considers three criteria when evaluating requests for reduction of penalties:

(1) Medical hardship  
(2) Financial hardship  
(3) Other hardships or extenuating circumstances

If you are claiming medical or financial hardship, you must attach supporting documentation (i.e. a doctor’s statement and/or proof of income). If you have any questions, please call the Recording Secretary at the phone number listed above.

The Board will consider requests for Reduction of Penalty ONLY ONCE FOR EACH CASE. The Board’s decision will be based on the record of the case, this petition, along with any documents in support thereof, and the City’s written response, and shall be its final action on the case. Appeals of the Board’s decision must be directed to the Circuit Court.

Property Owners’ Name: ________________________________

Petitioner Name* (if different from above) ________________________________
* If Petitioner is not the owner of record, you MUST provide a Power of Attorney or other legal documentation as to your relationship to the property and authority to submit this petition. Copies of documents must be attached.

Property Address: _______________________________________________________

Mailing Address (if different from above) ________________________________

_________________________________________________________________

Phone Number where you can be reached during the day: _________________

E-mail Address: _______________________________________________________

Board Ordered Date of Compliance _________________________________

Actual Date of Compliance _________________________________

Officer’s Name_______________________________________________________

Fine/lien amount______________________________________________________

FINANCIAL HARDSHIP

Are you claiming financial hardship? _____yes _____no

Dates financial hardship existed? From:_____ To:_________

List Annual income/source

$_____________________/________________________________________

$_____________________/________________________________________

$_____________________/________________________________________

$_____________________/________________________________________

$_____________________/________________________________________

$_____________________/________________________________________

TOTAL $_____________________

(If owner is corporation, LLC, or other entity, provide copy of annual statement, state or federal tax returns, etc.)
Other assets (list in detail any additional sources of income, deferred compensation, securities, stocks, automobiles, real estate interests, business ventures in which you are a principal or partner, etc.):

____________________________________
____________________________________
____________________________________
____________________________________
____________________________________

Attach supporting documentation of income/assets and list attachments (W-2, tax returns, pay stubs, bank statements, dividend statements, etc.)

____________________________________
____________________________________
____________________________________
____________________________________
____________________________________

Describe financial hardship and how it relates to timeframe associated with these proceedings (i.e. how did the financial hardship delay your compliance with the Board’s order). Attach additional information/sheets as necessary.

____________________________________
____________________________________
____________________________________
____________________________________
____________________________________

MEDICAL HARDSHIP

Are you claiming a medical hardship? _____yes _____no

Dates medical hardship existed? From:_______ To:_________

If yes, please describe the circumstances and/or medical diagnosis. Provide timeframe for medical hardship as it relates to code enforcement proceedings. Explain how the medical hardship delayed your compliance with the Board’s order. Attach additional information as necessary.

____________________________________
____________________________________
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Attach supporting documentation from physicians and other medical service providers and list attachments.

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OTHER CIRCUMSTANCES

Was a permit required in order for you to complete the requirements set forth by the Board? ______ yes ______ no.

If a permit was required, when did you first make application? ______________________

When was the permit issued? ________________________________

Were variances or approval from other boards required? ______ yes ______ no.

Are there other legal proceedings pending? ______ yes ______ no. If yes, provide documentation of proceedings including current status. Describe how legal proceedings (eviction, bankruptcy, divorce, etc.) relate to code enforcement proceedings including timeframe for same. Attach additional documentation/sheets if required.

____________________________________________________________________________________

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Describe in detail the approvals required for compliance, including application and hearing dates (you may attach additional documentation or narrative if required):

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________
Were there additional extenuating circumstances which related to your inability to comply with the requirements set forth by the Board? _____yes____ no.
If the answer is yes, please describe in detail (you may attach additional documentation or narrative if required):

_________________________________________________________

_________________________________________________________

_________________________________________________________

_________________________________________________________

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_________________________________________________________

Your completed application will be presented to the Board in its entirety, along with all supporting documentation. City staff will prepare a written response and recommendation to the Board after reviewing the materials submitted. The Board will review all the materials submitted and its decision will be based upon these materials and its collective evaluation of the case. The Board will hear oral testimony upon submittal of a Notice of Appearance form to the Recording Secretary, but such testimony shall be limited to **three (3) minutes** and limited to medical, financial, or other hardships which impacted your ability to comply within the prescribed time period.

**I hereby acknowledge that this application is complete as submitted.**

DATE: ____________________ Signed: ________________

STATE OF: ______________ Print Name: ________________

COUNTY OF: __________

PERSONALLY appeared before me, the undersigned authority duly authorized to administer oaths and take acknowledgments, ____________, who first being duly sworn, acknowledged before me that the information contained herein is true and correct. (He/She) (is/is not) personally known to me and have each produced a Florida Driver’s License as identification and (did/did not) take an oath.

DATE: ____________________ Notary Public

FDL# ________________ My Commission Expires:

Received ___________________ Date ___________________

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