

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. If any portion of the penalty or lien amount has been paid prior to the hearing on your request for reduction, you are barred from seeking a reduction of the amounts paid. Penalty or lien amounts paid prior to the hearing shall not be refunded. 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 email the completed form to the Recording Secretary of the Code Enforcement Board at jasmin.rodriguez@cityoforlando.net. For questions, please call 407.246.3368.

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 Board 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.

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

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.

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):

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**, excluding time for questions from the Board.

I hereby acknowledge that this application is complete as submitted.

DATE: _____ Signed: _____

STATE OF: _____ Print Name: _____

COUNTY OF: _____

PERSONALLY appeared before me, by means of physical presence or online notarization, 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 _____