

**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.rodriquez@cityoforlando.net](mailto:jasmin.rodriquez@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 Boards considers four criteria when evaluating requests for reduction of penalties:

- (1) Medical hardship;
- (2) Financial hardship;
- (3) Extenuating circumstances;
- (4) Circumstances beyond the control of respondent that would make enforcement of the penalty manifestly unjust, inequitable, or that would cause undo economic hardship to the Respondent.

**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 \_\_\_\_\_

**1. 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.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**2. 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.

---

---

---

---

---

**3. EXTENUATING 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):

---

---

---

---

---

**4. CIRCUMSTANCES CREATING MANIFESTLY UNJUST OR INEQUITABLE PENALTY/ UNDUE ECONOMIC HARDSHIP**

*This section applies only to circumstances outside your control that caused delay or hardship. Routine financial difficulties, personal choices, or negligence do not qualify as “beyond your control.” Be as specific and factual as possible.*

**Describe the circumstances that were beyond your control** which affected your ability to comply with the Board’s order (for example: delays caused by third parties, acts of nature, supply chain disruptions, contractor or permitting delays, etc.).

---

---

---

---

---

**Provide the timeframe** during which these circumstances existed or affected your ability to comply:

From: \_\_\_\_\_ To: \_\_\_\_\_

**Explain specifically how these circumstances prevented timely compliance** with the Board’s order.

---

---

---

---

---

**What actions did you take to try to comply despite these circumstances?**

(Include dates, communications with contractors, permitting officials, or other agencies if applicable.)

---

---

---

---

---

**When did the circumstances cease or improve** so that you were able to achieve compliance?

---

---

---

---

---

**Would enforcement of the penalty be manifestly unjust or inequitable under these circumstances?**

Yes  No

If yes, explain why enforcement would be unfair or disproportionate based on your situation.

---

---

---

---

---

**Would enforcement of the penalty cause undue economic hardship even though you are not claiming general financial hardship?**

Yes  No

If yes, explain and provide documentation (e.g., major unplanned expenses, casualty losses, or other financial burdens directly tied to the circumstances above).

---

---

---

---

---

**Attach supporting documentation** (contracts, correspondence, insurance claims, inspection reports, permit timelines, disaster reports, etc.) that verify these circumstances were beyond your control.

List attachments:

---

---

---

---

---

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 \_\_\_\_\_