

CITY OF WINTER SPRINGS

CODE ENFORCEMENT

300 North Moss Road Winter Springs, Florida 32708 Phone: (407) 327-7975 www.winterspringsfl.org

Application For

PETITION FOR REDUCTION OR RELEASE OF CODE ENFORCEMENT LIEN

BEFORE this application may be processed, any and all code violations must have been brought into compliance. Please complete all information fields and mail application packet and the \$50 application fee to the address above.

1. CONTACT INFORMATION:

Applicant's Name:		
Representative's Name (if different than Applicant):		
Mailing Address:	_	
City:	State:	Zip:
Phone:	E-Mail:	
2. LIEN INFORMATION:		
Lien Address:	Parcel ID#:	
Has the Applicant previously applied for lien reduction Owner of Lien Address when lien was placed:	for this property? YES N	0 If Yes, When?
Current owner of Lien Address:		
Current owner's relationship or affiliation with entity/	person named in the lien:	
Other property located in the City of Winter Springs be	longing to the current owner:	
3. CASE INFORMATION:		
Code Enforcement Case #:		
Date Found in Violation by Code Enforcement:	_	
Date Ordered by the Code Enforcement Board to Come	into Compliance:	
Date property was found in compliance by Code Enforce	ement:	

4. REQUEST:

LIEN BOOK #	LIEN PAGE #	TOTAL LIEN AMOUNT	LIEN REDUCTION REQUEST	REDUCED BALANCE REQUESTED
		\$	\$	\$
Please attach a copy of the Order imposing a lien upon the property (must be included for your application to be considered)				

5.	PLEASE STATE THE REASONS, IF ANY, COMPLIANCE WAS NOT OBTAINED PRIOR TO THE RECORDING OF THE
	ORDER IMPOSING THE FINE: (attach additional sheets if necessary)

ENFORCEMENT LIEN REDUCTION OR RELEASE: (attach additional sheets if necessary)	
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	_
Checklist:	
 □ APPLICATION COMPLETED IN ITS ENTIRETY □ APPLICATION PROPERLY NOTARIZED □ COPY OF LIEN ATTACHED □ \$50 APPLICATION FEE □ PHOTOS OF VIOLATIONS, PHOTOS OF COMPLIANCE 	

6. PLEASE STATE ANY FACTS THAT SHOULD BE CONSIDERED IN SUPPORT OF YOUR PETITION FOR CODE

Under the penalty of perjury, the undersigned	(s):		
Swears or affirms that the information particles and correct;	provided in this Application - Pe	etition for Reduction or Release of Co	ode
Applicant Signature		Printed Name	
STATE OF FLORIDA COUNTY OF SEMINOLE			
Subscribed and sworn to before me this personally known to me or has/have produced			who is
Type of Photo Identification:			
Signature of Notary Public		Printed Name of Notary	
	Notary Stamp	, , , , , , , , , , , , , , , , , , , ,	
	OFFICIAL USE		
Date Application Received:	Received By:		
Date Brought Into Compliance:	Compliance Verified By:		

Lien Total Verified By:

Outstanding Lien Amount: