

REQUEST FOR REDUCTION/WAIVER OF LIEN

RETURN COMPLETED, SIGNED AND NOTARIZED FORM TO:
CLERK, SEMINOLE COUNTY CODE ENFORCEMENT
1101 EAST FIRST STREET, SANFORD, FLORIDA 32771-1468

I, KRIST NIKOLAJ, do hereby submit this form to request a reduction/waiver to the total amount of the lien imposed, and in support offer the following statement (attach additional pages if necessary):

Please see attached document.

Date: 09.09.2024

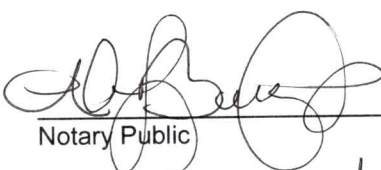
Signed: 

Print Name: KRIST NIKOLAJ

STATE OF Florida
COUNTY OF Seminole

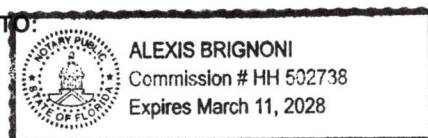
PERSONALLY appeared before me, the undersigned authority duly authorized to administer oaths and take acknowledgments, Krist Nikolaj, who after first being duly sworn, acknowledged before me that the information contained herein is true and correct. He/she is not personally known to me and has produced FL DL as identification and did take an oath.

Date: 9.9.2024


Notary Public

My commission expires: March 11, 2028

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1101 EAST FIRST STREET, SANFORD, FLORIDA 32771-1468



I am writing to formally request a reduction in the lien placed on my property, currently set at \$80,000. I respectfully ask for your consideration in lowering this amount to \$5,000, due to circumstances that were largely beyond my control.

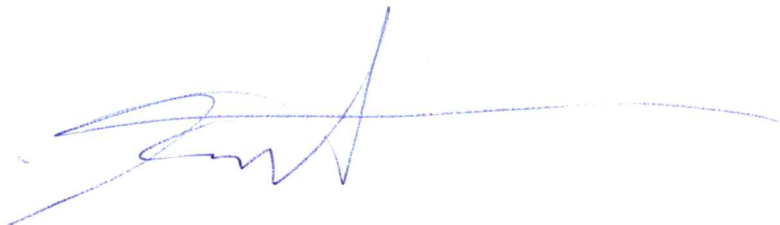
First, I want to clarify that I was not aware of the initial notice regarding the sign. The letter was sent to my accountant, but unfortunately, I never received it, which delayed my awareness of the issue.

When we first became aware that the sign needed to be removed, my brother was in charge of the matter. He promptly took down the sign but, regrettably, did not remove it entirely from the property, which I now understand was a mistake. Unfortunately, around this time, my brother suffered a stroke, which greatly impacted his memory and ability to handle responsibilities. As a result, the matter was left unresolved due to his health condition, and I was not fully informed about the incomplete removal.

It was never my intention to disregard the rules or regulations, and this situation arose due to genuine miscommunication and unforeseen health issues. I have since taken corrective action and would like to resolve this issue promptly. Given the circumstances, I believe the ~~\$80,000~~ lien is disproportionate to the unintentional oversight and the lack of significant harm caused.

In light of these factors, I respectfully request that the lien be reduced to \$5,000. I am eager to resolve this matter in good faith and ensure full compliance moving forward. I appreciate your understanding and consideration of my request, and I am hopeful we can come to a fair and reasonable agreement.

It is vital to get the \$500 back & it would be great
Thank you for your time and attention to this matter.



\$82,700⁰⁰ → KN

SEMINOLE COUNTY APPLICANT AUTHORIZATION FORM
(ORIGINAL ONLY)

An authorized applicant is defined as:

- The property owner of record; or
- An agent of said property owner (power of attorney to represent and bind the property owner must be submitted with the application); or
- Contract purchaser (a copy of a fully executed sales contract must be submitted with the application containing a clause or clauses allowing an application to be filed).

I Elonida Lekaj, the fee simple owner of the following
(Owner's Name)

described property (Provide Legal Description or Tax Parcel ID Number(s)) 21-21-32-5CF-9000-0010

hereby petition the Seminole County Board of County Commissioners to grant a reduction of the lien in the amount of \$ 82,600.00 for Case No. 22-23-CEB to \$ 5,000.00, and affirm that Krist Nikollaj Jozef Nikollaj Mhill Nikollaj is hereby designated to act as my / our authorized agent and to file the attached application for the above stated request and make binding statements and commitments regarding the request.

Elonida Lekaj

Owner's Name

Elonida Lekaj

Owner's Signature

Owner's Name

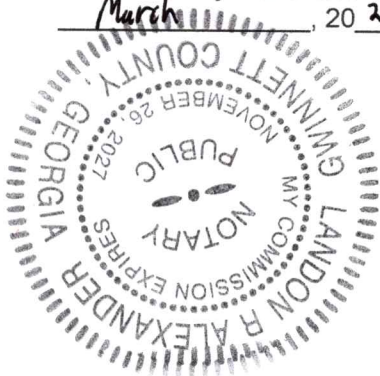
Owner's Signature

I certify that I have examined the application and that all statements and diagrams submitted are true and accurate to the best of my knowledge. Further, I understand that this application, attachments and fees become part of the Official Records of Seminole County, Florida and are not returnable.

SWORN TO AND SUBSCRIBED before me this 7th day of March, 2025.

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State and County aforesaid to take acknowledgments, personally appeared Elonida Lekaj, who is personally known to me or who has produced Drivers license as identification and who executed the foregoing instrument and sworn an oath.

WITNESS my hand and official seal in the County and State last aforesaid this 7th day of March, 2025.



[Signature]
Notary Public in and for the County and State
Aforementioned

My Commission Expires: 11/26/27