## SEMINOLE COUNTY CODE ENFORCEMENT BOARD CASE NO. 22-23-CEB

## REQUEST FOR REDUCTION/WAIVER OF LIEN

## BY COMPLETING THIS FORM, YOU ARE MAKING STATEMENTS UNDER OATH THE PROPERTY MUST BE IN COMPLIANCE FOR CONSIDERATION

**INSTRUCTIONS:** Please fill out both pages of this form completely. Be specific when writing your statement. If you are claiming medical or financial hardship, attach supporting documentation (*i.e.*, a doctor's statement or proof of income). Please return this form to the Clerk to the Code Enforcement Board, along with a check made payable to the "BCC", for the **non-refundable \$500.00** application fee. The *Request for Reduction/Waiver of Lien* will then be sent for review to verify that all criteria for consideration are met. Once it has been verified that your case meets all of the criteria, it will be scheduled for presentation to the Board of County Commissioners at their next regularly-scheduled hearing, or as soon thereafter as possible (this process can take 6-8 weeks). You will receive a letter advising of the date and time of the meeting; and you should plan to attend. You will be notified in writing of the Board's decision within 10 days after the hearing. If you have any questions, please call the Clerk at (407) 665-7403.

Property Owner's Name: KRIST VIKOCAT		
Property Address: PARCEL NO. NO - 2	1-21-32-5CF-9000-0010	
Daytime Phone Number: 407 - 310 - 02 67		
Is the property now in compliance?	YESX NO	
(If No, explain in detail):		
Are you requesting a reduction to the lien?  If yes, the amount you would like it reduced to:	YES X NO \$ 5000	
Are you claiming a financial hardship? If yes, please attach supporting documentation.	YES _ S NO _ X	
Are you claiming a medical hardship? If yes, please attach supporting documentation.	YES NO _X	
If the property owner is unable to complete this form, list the name of the person who is legally authorized to act for the property owner and his/her relationship to the property owner:		
Name:		
Relationship:		

I,, do hereby submit this form to request reduction/waiver to the total amount of the lien imposed, and in support offer the followin statement (attach additional pages if necessary):
Please see attached dacument.
Date: 09.09.2024 Signed:
Print Name: KRIST NIKOLAJ
STATE OF Florida  COUNTY OF Semmole
PERSONALLY appeared before me, the undersigned authority duly authorized to administer oaths and take acknowledgments,, 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 as identification and did take an oath.
Date: 9.9.1024 Notary Public
My commission expires: Mach 11, 1026

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



ALEXIS BRIGNONI Commission # HH 502738 Expires March 11, 2028

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.

The first of the scale of the scale

Thank you for your time and attention to this matter.

## 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).

Elonida Lekaj (Owner's Name)	the fee simple owner of the following
,	gal Description or Tax Parcel ID Number(s) _21-21-32-5CF-9000-0010
hereby petition the Seminole Co	ounty Board of County Commissioners to grant a reduction of the
	600.00 for Case No. <u>22-23-CEB</u> to
	hat_Krist Nikollaj Jozef Nikollaj Mhill Nikollaj is
	/ our authorized agent and to file the attached application for the
	binding statements and commitments regarding the request.
Elonida Lekaj	
Owner's Name	Owner's Name
Owner's Signature	Owner's Signature
	ne 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.	77-1
SWORN TO AND SUBSCRIBE	D before me this day of Mwth, 20 25.
County aforesaid to take acknown personally known to me or whe executed the foregoing instrume	his day, before me, an officer duly authorized in the State and wledgments, personally appeared Flandin Lecaj , who is no has produced <u>Priva lilense</u> as identification and who ent and sworn an oath.  all seal in the County and State ast aforesaid this 7th day of
CONVI	Notary Public in and for the County and State Aforementioned
NAME OF STREET OF STREET	My Commission Expires: 1//26/27
ST JAATO S. WY	
NOISS.	
NAME OF THE PROPERTY OF THE PARTY OF THE PAR	