



**CITY OF PORT ST. LUCIE**  
*Neighborhood Services Department*  
**Code Enforcement Division**  
**1118 SW Biltmore St**  
**Port St Lucie, FL 34983**  
**(772) 871-5010 \* Fax (772) 344-4181**

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**APPLICATION FOR A**  
**MODIFICATION OR PARTIAL RELEASE OF A LIEN**

Date: \_\_\_\_\_ Application #: \_\_\_\_\_ Case # \_\_\_\_\_  
 Officer: \_\_\_\_\_  
 Case Opened: \_\_\_\_\_  
 Hearing Date: \_\_\_\_\_  
 Lien Recorded Date: \_\_\_\_\_  
 Compliance Date: \_\_\_\_\_

Applicant's Name(s) : \_\_\_\_\_  
 (Printed) (First) (Middle) (Last)  
 (Person/Business/Corporation/Bank/Title Co. /Mortgage Co. /Lien Holder(s)  
 Primary, Secondary and etc.)

\_\_\_\_\_  
 (First) (Middle) (Last)

Contact Person: \_\_\_\_\_  
 (Primary) (Name)  
 \_\_\_\_\_  
 (Title)  
 \_\_\_\_\_  
 (Office or branch location)  
 \_\_\_\_\_  
 (Telephone Numbers)

Current Address: \_\_\_\_\_  
 (Primary) (Number) (Street)

\_\_\_\_\_  
 (City) (State) (Zip)

Mailing Address: \_\_\_\_\_  
 (Secondary) (Number) (Street)

(City) (State) (Zip)

Telephone(s) : \_\_\_\_\_  
(Home) (Area Code) (Number)  
\_\_\_\_\_  
(Cell) (Area Code) (Number)  
\_\_\_\_\_  
(Work) (Area Code) (Number)  
\_\_\_\_\_  
(Fax) (Area Code) (Number)

E-Mail Address: \_\_\_\_\_

Sex: (Male) \_\_\_\_\_ (Female) \_\_\_\_\_

Race : (White) \_\_\_\_\_ (Black) \_\_\_\_\_ (Asian) \_\_\_\_\_ (Other) \_\_\_\_\_

Applicant(s) DOB: \_\_\_\_\_ DOB: \_\_\_\_\_  
(Month/Day/Year) (Month/Day/Year)

Drivers License Number(s) : \_\_\_\_\_ / \_\_\_\_\_  
(Florida preferred)

From what State? \_\_\_\_\_ / \_\_\_\_\_ Expiration Date: \_\_\_\_\_ / \_\_\_\_\_

Is the Applicant?

Owner: \_\_\_\_\_ Attorney: \_\_\_\_\_ Mortgage Company: \_\_\_\_\_ Bank: \_\_\_\_\_

Title Company: \_\_\_\_\_ Real estate Company: \_\_\_\_\_ Other: \_\_\_\_\_

If not, explain (New Owner; Estate; Family and etc.)

\_\_\_\_\_

Employer (Name): \_\_\_\_\_ / \_\_\_\_\_

Address: \_\_\_\_\_ / \_\_\_\_\_

Telephone Number: \_\_\_\_\_ / \_\_\_\_\_

Your Occupation or Title: \_\_\_\_\_ / \_\_\_\_\_

THIS APPLICATION IS BEING FILED FOR A:

Modification of a lien \_\_\_\_\_.

Partial Release of a lien \_\_\_\_\_.

LIEN IS PLACED ON THE FOLLOWING (Residential or Commercial) PROPERTY:

Violation(s): \_\_\_\_\_

Address: \_\_\_\_\_  
(Number) (Street) (City) (State) (Zip)

Owner(s): \_\_\_\_\_

Lien #: \_\_\_\_\_ Property ID # \_\_\_\_\_ Date of Lien: \_\_\_\_\_

Approximate Fine Amount: \$ \_\_\_\_\_ (Plus \$350.00  
Administrative costs and any other hard costs such as application fee,  
recording fees, interest fee, collection fee, code enforcement maintenance  
costs / grass cuts, public works expenses, hazard/security and safety  
placement or removal fees and etc.) to be paid upfront.

Parcel Identified by the St. Lucie County Parcel (Property ID) Control  
Number: \_\_\_\_\_ Legal Description  
LOT \_\_\_\_\_ BLK \_\_\_\_\_  
SECT \_\_\_\_\_ BOOK \_\_\_\_\_ PAGE \_\_\_\_\_

REASON FOR REQUEST: (Explain in detail WITH AN ATTACHED LETTER) Examples:  
Hardship, Loss of Job, Illness / Medical, Good Faith Efforts, Facing  
Foreclosure, Upside Down Mortgage - owe more then what property is worth,  
behind on mortgage payments, Sale (Short sale or Auction of property and  
etc).

NOTE: THE APPLICANT SHALL PROVIDE COPIES OF ALL RECORDED DOCUMENTS  
PERTAINING TO BANK / MORTGAGE COMPANY FORECLOSURES (NOTICE OF LIS PENDENS;  
FINAL JUDGEMENT OF FORECLOSURE; AND CERTIFICATE OF TITLE)

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

ANY OTHER PROPERTY LISTED IN YOUR NAME? (IF SO PLEASE DESCRIBE)  
Residential, Commercial or vacant lot?  
Give address and location and description of other property in your name

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

## INSTRUCTIONS AND NOTIFICATIONS

All applications shall be submitted to the City of Port St. Lucie Code Enforcement Division Monday through Friday, 8:00 a.m. - 5:00 p.m. excluding City Holidays. For any questions or additional information, please call (772) 871-5010. Payment of the below described fees shall be confirmed and verified first, and must be paid for PRIOR to processing, review, consideration, submission or granting such a request, in the manner of check, cash or money order (credit cards are not accepted).

Before an application can be considered, **ALL CODE ENFORCEMENT VIOLATIONS ON THE SUBJECT PROPERTY SHALL BE CORRECTED AND IN COMPLIANCE** as determined by the Code Enforcement Division.

All written applications must be completed in their entirety and all pertinent information regarding the Modification or Partial Release of the Lien must be submitted correctly.

Please allow at least 30 days for the processing of the application and if not fully complete, the application will be returned. It will take some time to do a scheduled re-inspection of the property and confirmation and verification of fine amount totals first, PRIOR to the review of the application.

Based on the information submitted, there is no guarantee that such a Modification or Partial Release of a Lien will be granted. That discretion and decision will be the sole authority of the Special Magistrate with any recommendations from City staff.

The basis and reason for the request will be the main factors of granting such a request, therefore, please be very detailed in your reason for such a request, what you are asking for and any other unusual circumstances and documentation for your request.

**Payment of the below listed items must first be paid to the City of Port St. Lucie PRIOR to such request being granted, reviewed, considered and submitted to the Special Magistrate to grant, order and record such a request.**

<b>Administrative Fee:</b>	<b>\$ 350.00</b>
<b>Recording Fee:</b>	<b>\$</b>
<b>Collection Fee:</b>	<b>\$</b>
<b>Interest Fee:</b>	<b>\$</b>
<b>Grass Cut Fee:</b>	<b>\$</b>
<b>Health/Safety/Hazard/Security/Other Fees:</b>	<b>\$</b>
<b>TOTAL:</b>	<b>S</b>

The applicant is encouraged to appear in person in front of the Special Magistrate for the Modification or Partial Release Hearing in order to testify to the findings of said facts.

If the application is approved, the applicant agrees and stipulates by their signature below and such agreement to be valid and binding that the Modified or Partial Release amount be paid within a 30 day period from the date of the ORDER or such order will be rescinded, null & void, after that time period and the original Lien amount will remain the same.

Applicant agrees to abide by any and all existing rules, regulations, policies, procedures or ordinances in regards to such a request for the Modification or Partial Release of a Lien.

Applicant(s) Signature(s):

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Date: \_\_\_\_\_

RECEIPT OF PAYMRNT:

Date: \_\_\_\_\_ Amount Paid: \$ \_\_\_\_\_ by: \_\_\_\_\_.  
(Check#, Cash, Money Order)

Application Form for Modification or Partial Release of a Lien (11/09)