

# Okeechobee County Board of County Commissioners

## Code Enforcement Department

1700 NW 9<sup>th</sup> Avenue, Suite A • Okeechobee, Florida 34972

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### OKEECHOBEE COUNTY CODE ENFORCEMENT DEPARTMENT AMNESTY PROGRAM APPLICATION

#### 1. INFORMATION ABOUT PROPERTY SUBJECT TO CODE ENFORCEMENT CASE

Physical Address of Property: \_\_\_\_\_

Parcel ID Number: \_\_\_\_\_

Existing Use of Property: \_\_\_\_\_

Occupants of Property (if different from record title owner(s): \_\_\_\_\_

Code Enforcement Case Number: \_\_\_\_\_

Nature of Violation: \_\_\_\_\_

Date fine began: \_\_\_\_\_

Date on which property was brought into compliance: \_\_\_\_\_

#### 2. INFORMATION ABOUT APPLICANT

Full Name of Applicant: \_\_\_\_\_

Residence Address: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email address: \_\_\_\_\_

#### 3. INFORMATION ABOUT PROPERTY OWNER(S)

(If more than one owner, attach additional sheet with names and addresses)

Full Name of Property Owner: \_\_\_\_\_

Residence Address: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email address: \_\_\_\_\_

Addresses of all other properties owned by all record title owners:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Public Records Notice: Under Florida law, email addresses are public records. If you do not want your email address released in response to a public records request, do not list your email address on this Application and do not send electronic mail to this entity.*

The undersigned Applicant hereby represents and agrees as follows:

- I am the legal owner of the above described property (the "Subject Property") and I agree to participate in the Code Enforcement Lien Amnesty Program ("Amnesty Program") as established by Okeechobee County in an effort to resolve the code enforcement case cited above.
- I recognize and fully understand that a Code Enforcement Lien exists on the Subject Property and on all other real property owned by me in the unincorporated area of Okeechobee County.
- I recognize and fully understand that in order to participate in the Amnesty Program and be eligible for a lien reduction and release, that (a) all properties owned by me in the unincorporated area of Okeechobee County, including but not limited to the Subject Property, are in compliance and free of violations of any County code or ordinance; (b) any outstanding nuisance abatement fees and/or cost recovery fees are not subject to reduction and will be added to any approved lien reduction amount; (c) Approved lien reduction amount and applicable outstanding fees, if any as noted in section (b), must be paid in full within thirty (30) days of notice of compliance; and (d) I hereby consent to an Okeechobee County Code Officer to enter upon my property for such inspections as are necessary to determine compliance and all other properties owned by me in the unincorporated area of Okeechobee County.
- I recognize and fully understand that if an amnesty reduction is granted, but I fail to pay the reduced within thirty (30) days of notice of compliance, the lien reduction shall be null and void and that I will be liable for the entire face value of the lien as if no reduction had ever been imposed.
- I recognize and fully understand that this agreement is not assignable by me. I also recognize that the Amnesty Program only addresses code enforcement liens and not any County taxes, assessments, or liens which may be levied against the Subject Property.
- I recognize and fully understand and agree the County's approval and authorization of this Application and Participation Agreement acknowledges only that the Property has been placed in compliance and the Amnesty Program's requirements have been met. The reduction approval does not bar or prevent any future enforcement actions by the County for new or repeat violations that may exist on the Property.

\_\_\_\_\_  
Signature of Applicant

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

\_\_\_\_\_  
Printed Name of Applicant

**This application, together with all required application fees, shall be completed and filed with the Okeechobee County Code Enforcement Department prior to the established filing deadline.**

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

The foregoing instrument was sworn to and subscribed before me this \_\_\_\_ day of \_\_\_\_\_, 201\_, by \_\_\_\_\_  who is personally known to me or  who has produced \_\_\_\_\_ as identification.

\_\_\_\_\_  
NOTARY PUBLIC  
My Commission Expires: \_\_\_\_\_

(Seal)