

**CITY OF LAKE WORTH BEACH  
CODE ADMINISTRATION  
APPLICATION – REDUCTION OF LIEN**

Date Received:	
Accepted By (Initials):	
Code Enforcement Case No.	

**\$250.00 APPLICATION FEE**

**INSTRUCTONS:** Please complete and return this application and application fee per **City Ordinance Section 2-69.3.1** to the Code Enforcement Coordinator at 1900 2<sup>nd</sup> Avenue N. Lake Worth Beach, FL 33461. All information fields must be completed and all application and/or administrative fees paid before this application can be processed. Requests are not accepted until the application has been reviewed for completeness and all application criteria have been met. You are advised to review the City of Lake Worth Beach Code Administration Procedure for Reduction of Lien-Release of Lien. If you have any questions, please contact (561) 586-1652.

**ALL ADMINISTRATIVE, RE-INSPECTION AND APPLICATION FEES MUST BE PAID AT TIME APPLICATION IS SUBMITTED AND ARE NON-REFUNDABLE.**

**NOTE: BY COMPLETING THIS FORM, YOU ARE MAKING STATEMENTS UNDER OATH. FAILURE TO BE TRUTHFUL IS A VIOLATION OF FLORIDA STATUTES PERTAINING TO PERJURY, WHICH IS A FELONY PUNISHABLE BY UP TO 15 YEARS IMPRISONMENT. MAKE CERTAIN THAT THIS FORM AND ANY ATTACHMENTS COMPLETELY SET FORTH YOUR POSITION.**

**1. CONTACT INFORMATION**

Owner's Name:	
*Representative/ Agent Name (if applicable):	
Owner's Mailing Address:	
Telephone Number(s):	E Mail:

**\* OWNER MUST FILL OUT A DESIGNATION OF AGENT FORM TO HAVE A DESIGNATED AGENT ATTEND THE HEARING ON THEIR BEHALF.**

**2. CASE INFORMATION**

Lien Address:	Case No.
Has the owner previously applied for lien reduction for this property? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, when?	
Current Owner(s) of Lien Address:	
Previous Owner(s) of Lien Address:	
Current owner's relationship or affiliation with the entity/person named in the lien:	
Other property located in the City of Lake Worth Beach belonging to the current owner:	



STATE OF FLORIDA

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

Sworn to and subscribed before me by means of  physical presence or  online notarization, this  
\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_.

\_\_\_\_\_  
Notary Public, State of Florida  
My Commission Expires:

Personally Known \_\_\_\_ OR Produced Identification \_\_\_\_  
Type of Identification Produced: \_\_\_\_\_

**OFFICE USE ONLY**

<b>FEE</b>	<b>AMOUNT ASSESSED FOR APPLICATION</b>
LIEN REDUCTION APPLICATION FEE	<b>\$250.00</b>
ADMINISTRATIVE/RE-INSPECTION FEES	\$

**TOTAL FEES FOR THIS APPLICATION** \$

If <b>complied</b> : Fine Amount Due \$	
If <b>not-complied</b> : Daily Fine \$	Fine Amount Due to Date \$
Property in Compliance With Special Magistrate Order <input type="checkbox"/> Yes <input type="checkbox"/> No	
Property free from outstanding obligation to City <input type="checkbox"/> Yes <input type="checkbox"/> No	
Other properties in compliance? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Certificate of Title (if Applicable): Recorded on _____ BK _____ PG _____	



## CODE ADMINISTRATION

1900 2ND AVE N · Lake Worth, Florida 33461 · Phone: 561-586-1652

### DESIGNATION OF AGENT

Case Number: \_\_\_\_\_

Property Address: \_\_\_\_\_

Property Owner:

Any person acting on your behalf, in your absence, must be designated as your agent on this form; or such person will **not** be entitled to represent your interests.

\_\_\_\_\_ (agent) has my permission to act as my agent and to represent my interests; in all matters relating to the Code Enforcement case referenced above; which alleges that a parcel of real property, of which I am the owner, is in violation of the Lake Worth Code of Ordinances.

Agent's Name (printed): \_\_\_\_\_

Agent's Address: \_\_\_\_\_

Agent's Phone Number: \_\_\_\_\_

Owner's Name (printed): \_\_\_\_\_

Owner's Address: \_\_\_\_\_

Owner's Phone Number: \_\_\_\_\_

Owner's Signature: \_\_\_\_\_

STATE OF  
COUNTY OF

Sworn to and subscribed before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_, who is \_\_\_\_ personally known to me or has \_\_\_\_ produced drivers license \_\_\_\_\_ as identification.

\_\_\_\_\_  
Notary Public, State of  
My Commission Expires: