



**Code Compliance Special Master
City of Deerfield Beach
Code Compliance Department
150 NE 2nd Avenue
Deerfield Beach, FL 33441
(954) 480-4241 (phone)
(954) 422-5812 (fax)**

Application for Relief Instructions

Case Number: You must give us the case number of the violation you were cited for.

Name of Attorney (if applicable): If you hire an attorney, give us his/her name.

Address of Attorney: Your attorney's address

Phone Number: Your attorney's phone number

Note – it is not necessary to hire an attorney to ask for relief or fine reduction, you may wish to do so, but your application will still be considered if you represent yourself.

Address of Property Cited: the address where the violation occurred.

Folio Number: The folio number is on your notices; it looks like 1234-12-12-1234.

Brief Legal Description: The legal description is on your notices.

Nature of Violation: What is the code violation shown on your notice?

Date of Violation Order (attach copy): What is the date of the Violation Order?

Has the Violation Been Complied? Did you fix the problem? (yes or no)

Relief Sought (use space on page 2 if necessary): What do you want the Magistrate to do for you?

Why Relief Should Be Granted (Outline your efforts to comply with the Order, and attach any supporting documentation and evidence. (use space on page 2 if necessary).

State why the Magistrate should do what you ask. What have you done so far? How much have you spent fixing the problem? Have you asked for other help? If you have receipts or other evidence attach COPIES and bring the original document to the hearing.

Sign date where indicated where indicated on bottom of page 1.

Send completed form with attached copied documents (if needed) to address on top of form.



City of Deerfield Beach
Code Compliance Department
 150 NE 2nd Avenue, Deerfield Beach, FL 33441
 (954) 480-4241 (Office)
 (954) 422-5816 (Fax)

APPLICATION FOR RELIEF FORM

CASE NUMBER: _____

NAME OF APPLICANT: _____

ADDRESS OF APPLICANT: _____

PHONE NUMBER: _____

NAME OF ATTORNEY (IF APPLICABLE): _____

PHONE NUMBER OF ATTORNEY: _____

ADDRESS OF ATTORNEY: _____

ADDRESS OF PROPERTY CITED: _____

FOLIO #: _____

BRIEF LEGAL DESCRIPTION: _____

NATURE OF VIOLATION: _____

ALL APPLICATIONS FOR RELIEF MUST HAVE THE FOLLOWING DOCUMENTATION PROVIDED AS PART OF THE APPLICATION TO BE REVIEWED IF THE RELIEF REQUESTED IS BASED UPON A FORECLOSURE OF THE SUBJECT PROPERTY AND ITS EFFECT ON THE CITY’S CODE LIENS.

1. A COPY OF THE NOTICE OF LIS PENDENS RECORDED WITH BROWARD COUNTY RECORDS WITH THE DATE, BOOK AND PAGE OR INSTRUMENT NUMBER SHOWN.
2. A COPY OF THE FORECLOSURE COMPLAINT.
3. A COPY OF THE FINAL SUMMARY JUDGEMENT OF FORECLOSURE, WITH THE RECORDING DATE, BOOK AND PAGE SHOWN OR INSTRUMENT NUMBER.
4. A COPY OF THE NEW CERTIFICATE OF TITLE, WITH THE RECORDING DATE, BOOK AND PAGE SHOWN OR INSTRUMENT NUMBER.

5. A COPY OF THE CITY'S ORDER OF IMPOSITION OF FINE AND CLAIM OF LIEN WITH THE RECORDING DATE,
BOOK AND PAGE SHOWN OR INSTRUMENT NUMBER.

****PLEASE PROVIDE A COPY OF THESE REQUIREMENTS WITH ALL REQUESTED APPLICATIONS FOR RELIEF****

DATE OF VIOLATION ORDER (ATTACH COPY):

HAS THE VIOLATION BEEN COMPILED?

RELIEF SOUGHT (USE FOLLOWING PAGE FOR ADDITIONAL INFO):

WHY SHOULD RELIEF BE GRANTED? (OUTLINE YOUR EFFORTS TO COMPLY WITH THE ORDER AND ATTACH ANY SUPPORTING DOCUMENTATION AND EVIDENCE. USE FOLLOWING PAGE FOR ADDITIONAL INFO):

BY MY SIGNATURE, I ATTEST THE ABOVE INFORMATION IS CORRECT AND COMPLETE:

SIGNATURE OF APPLICANT

DATE: