

**TOWN OF DAVIE POLICE DEPARTMENT  
CODE COMPLIANCE DIVISION**

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**1230 SOUTH NOB HILL ROAD • DAVIE, FLORIDA 33324  
PHONE: 954.693.8237 • FAX: 954.693.8253 • WWW.DAVIE-FL.GOV**

**CODE ENFORCEMENT LIEN REDUCTION  
AMNESTY PROGRAM**

The Town Council of the Town of Davie has determined a lien reduction amnesty program is a benefit to the citizens and businesses in Davie. The lien reduction amnesty program offers you an opportunity to reduce the code enforcement lien amount through a settlement with the Town that will equal 15% of the lien's face value. Any unpaid nuisance abatement fees and cost recovery fees are not reduced under this program and must be paid in full.

The Amnesty Program Coordinator, Danny Stallone, may be reached at 954-693-8237 or [dstallone@davie-fl.gov](mailto:dstallone@davie-fl.gov), to identify your eligibility and qualification to settle any outstanding code enforcement fine(s) or lien(s), and begin by scheduling a code compliance eligibility inspection today.

**PROGRAM DURATION:** Amnesty program applications are accepted from July 29, 2021, 8:30 A.M. through January 31, 2022, 12:00 Noon.

**ELIGIBILITY CRITERIA:**

1. The amnesty program is offered to property owners who have complied with all the Town of Davie Code of Ordinances in the subject code enforcement case.
2. Property owner(s) or legal designee must schedule a compliance inspection with the Town of Davie Code Compliance Division to ensure that the property is eligible to participate in the Code Enforcement Lien Reduction Amnesty Program.
3. Any outstanding nuisance abatement or cost recovery fees on the subject property will be added to the approved amnesty lien reduction balance amount.

**TERMS OF THE AMNESTY PROGRAM:**

- A non-refundable application fee of seventy-five dollars (\$75.00) must be paid, upon submittal of the application, to enter the amnesty program.
- Eligible homeowners, rental and commercial property owners may settle by paying 15% of outstanding fines and liens.
- If the property is determined ineligible, the applicant may reapply but will have to submit another non-refundable seventy-five dollars (\$75.00) application fee to initiate the inspection and the review for a determination of compliance and eligibility.
- Upon completion of the amnesty program the Town will issue a Satisfaction of Lien to the property owner for each outstanding fine or lien settled during this amnesty program.
- Failure to completely pay the entire lien reduction amnesty amount within 60 days of Town approval shall cause the fine or lien to revert to the original amount plus interest.

**TOWN OF DAVIE  
CODE COMPLIANCE LIEN REDUCTION  
AMNESTY PROGRAM  
APPLICATION**

**PLEASE PRINT NEATLY OR TYPE APPLICATION**

1. **Date:** \_\_\_\_\_

2. **Applicant Information**

**Company (if applicable):** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City/Town:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_ **Fax #:** \_\_\_\_\_

**Mobile #:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

3. **Property Owner Information:**  **Check here if same as applicant.**

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

**Company (if Applicable):** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City/Town:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_ **Fax #:** \_\_\_\_\_

**Mobile #:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

4. **Information for subject property where violation occurred:**

**Street Address and Location:** \_\_\_\_\_

**Parcel ID/Folio #:** \_\_\_\_\_

**Existing Use(s) of Property:** \_\_\_\_\_

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

**Date Fine/Lien Imposed:** \_\_\_\_\_ **Amount of Fine:** \_\_\_\_\_

**Have the violation(s) on the subject property been corrected:**  **YES**  **NO**

**Date upon which the subject property was brought into compliance:** \_\_\_\_\_



6. Please submit the following items in order to complete this application:

- A.  **Notarized Application**
- B.  **Administrative Fee – \$75.00.** Please note this fee is non-refundable. Checks are to be made payable to the Town of Davie and payment is to be submitted to the Code Compliance Division at time of application.
- C.  **Letter of Authorization:** If the applicant is not the property owner, a notarized letter of authorization or agent affidavit is required, unless the applicant is the attorney of the owner. Each property owner must complete a separate authorization form or other suitable documentation to allow the agent to act upon his/her behalf.
- D.  **Corporate Documents:** If the applicant/owner is representing a company, articles of incorporation which show the applicant/owner is authorized to represent the company is required. A data record printout from the Florida Division of Corporations website may also be provided.
- E.  **Additional Information (Optional):** Submit any information that may be helpful in understanding the request.

7. Application Filing Date: \_\_\_\_\_.

8. Application Filing Procedure: This application with the non-refundable fee of \$75.00, together with all required items, exhibits and attachments, shall be completed and filed with the Code Compliance Division prior to the established filing deadline.

I hereby acknowledge receipt of this Agreement and by my signature swear and affirm that I have the authority to enter into and agree to its contents and its conditions.

Print Name of Applicant or Applicant Representative: \_\_\_\_\_

Signature: \_\_\_\_\_

STATE OF FLORIDA

COUNTY OF BROWARD

The foregoing instrument was acknowledged before me by means of \_\_\_\_\_ physical presence or  
online notarization, this \_\_\_\_\_ day of \_\_\_\_\_, 2021 by \_\_\_\_\_ who is personally known to  
me or produced \_\_\_\_\_ as identification who did/did not take an oath.

\_\_\_\_\_  
Notary

\_\_\_\_\_  
Date



**TOWN OF DAVIE**  
**CODE ENFORCEMENT LIEN AMNESTY PROGRAM**  
***PARTICIPATION AGREEMENT***

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Code Enforcement Case No.: \_\_\_\_\_

Folio No.: \_\_\_\_\_

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

I, \_\_\_\_\_ (print name) am the legal owner of the above referenced property ("Property") and I agree to participate in the Code Enforcement Lien Amnesty Program ("Program") as established by the Town of Davie ("Town") in an effort to resolve the code enforcement case cited above.

I recognize and fully understand that a code enforcement lien from code enforcement fines exists on the Property and, if approved, I voluntarily agree to pay a reduced amount of **15% of the face value of the lien**. I also understand that in order to participate in this Program and be eligible for the aforesaid reduction that: (a) all code violations on the property related to the subject case must be rectified; (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 60 days of a lien reduction approval by cashier's check or money order payable to the Town of Davie; (d) I am completing one Application and Participation Agreement for each lien on the Property and I am submitting a non-refundable \$75.00 lien amnesty application fee.

If approved, I agree to pay the total sum of the following items: the reduced value of the eligible lien(s) on the Property, and the unreduced face value of any nuisance abatement fee and/or cost recovery fees that are outstanding at the Property. I will make such payment to the Town of Davie and understand and agree that payment in full by cashier's check or money order must be received by the Program Coordinator within 60 days of a lien reduction approval. Should I fail to make payment in full under these conditions, I understand and agree that the approved lien reduction(s) shall be null and void and that I will be liable for the entire face value of the lien(s) as if no reduction had ever been imposed. Any payment made under this program shall go toward the total amount owed.

In addition, I understand that this agreement is not assignable by me. I also recognize that this Program only addresses code enforcement liens and not any other Town liens which may be levied against the Property.

Finally, I understand and agree the Town's approval and authorization of this Application and Participation Agreement acknowledges only that the Property has been placed in compliance and the Program's requirements have been met. The Town's authorization does not bar or prevent any future enforcement actions by the Town for new or repeat violations that may exist on the property.

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

Printed name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Mailing address: \_\_\_\_\_ City: \_\_\_\_\_ Zip code: \_\_\_\_\_

Do not write below this line—for Town use only

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### **TOWN'S AUTHORIZATION**

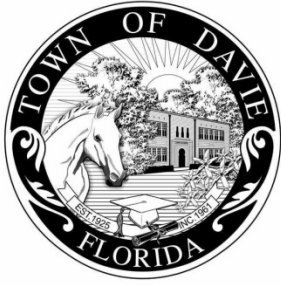
I have examined the Town's Code Enforcement records which confirm that all violations cited on the Property in the above referenced case have been placed in compliance. The total amount owed to the Town, as a result of the subject Code Enforcement case and resulting lien on the Property is currently \$ \_\_\_\_\_ (not including nuisance abatement fees and/or cost recovery fees).

Further, I have verified that this case meets all Program requirements and qualifies for the lien amnesty reduction. The Town hereby authorizes a payoff amount of \$ \_\_\_\_\_. Said amount is to be paid within sixty (60) days.

\_\_\_\_\_  
Police Code Compliance Official

\_\_\_\_\_  
Date

\$75.00 Application fee received, cashier's check/money order # \_\_\_\_\_



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**LIEN REDUCTION COMPLIANCE PROGRAM**

**CODE ENFORCEMENT CASE NO.** \_\_\_\_\_ .

I, Code Compliance Inspector \_\_\_\_\_, do hereby  
certify that a code inspection of the property at \_\_\_\_\_,  
was performed by me on this date \_\_\_\_\_ to determine amnesty  
program eligibility.

The inspection found that the code violations in Code Enforcement Case are in:

Compliance

Non-Compliance

The results of the code inspection are as follows: \_\_\_\_\_

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Code Inspector Print Name: \_\_\_\_\_ Date: \_\_\_\_\_