



CITY OF HIALEAH CODE COMPLIANCE DIVISION

501 Palm Avenue, 2nd Floor, Hialeah, Florida 33010 * (305) 883-5832

**ADMINISTRATIVE HEARING REQUEST FORM
PENALTIES REDUCTION REQUEST AND WAIVER**

The undersigned, as the owner of the property, license holder, or agent duly authorized, hereby requests a hearing before the Special Master of the City of Hialeah to consider a reduction of civil penalties accrued pursuant to that certain Order, more particularly described below: *(Attach a copy of the recorded Order to this form)*

Name of Property Owner(s): _____ Phone number: (____) _____

Mailing address: _____ Email address: _____

Order/Lien Information

Property address: _____ Folio No.: _____
(Property encumbered by the Order)

Date Order was entered: ___/___/___ Reference No.: _____ Complaint ID No.: _____

Official Records Book/Page: _____ / _____ Date Order was recorded: ___/___/___ Amount owed: _____

Brief statement of grounds for reduction:

(Use additional paper as needed)

Applicant's Information

Applicant's Name: _____ Relation to the Property Owner/Violator: _____

Mailing address: _____ Phone number: (____) _____ Email address: _____

Will the Property Owner/Violator be represented by Counsel? Yes No *(not required)*

If yes, then: Name of Counsel: _____ Phone number: (____) _____

Mailing address: _____ Email address: _____

I acknowledge that the property owner or a duly authorized agent must attend the administrative hearing in person. If the property owner or a duly authorized agent fails to attend the administrative hearing, I understand that my case may be adjudicated in my absence and I may be assessed administrative hearings costs in the amount of \$150 in addition to any other applicable costs.

I understand that this reduction is strictly discretionary by the Special Master. This application includes a waiver of the right, if any, to seek judicial review of the Special Master's discretionary decision of whether or not to reduce the fine and if so, by how much.

Applicant's signature: _____ Date: ___/___/___

This Request must be completed and signed in order to be accepted and processed.

Submit request in person or by mail to the Code Compliance Division, 501 Palm Avenue, 2nd Floor Hialeah, Florida 33010



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Property Information

1. To the best of your knowledge, list or explain any reasons why the violation was not complied within the timeframe provided by the Special Master?

2. Please describe any mitigating circumstances that would warrant a reduction of the lien(s) listed below. Attach copies of all invoices and costs associated with bringing this Property into compliance.

3. Is the Property now in full compliance with the City of Hialeah Code of Ordinances, Florida Building Code, Miami-Dade County Code and any all other codes the City has adopted and is authorized to enforce within its jurisdiction, if applicable?

Yes No

4. Is there a pending contract to sell this Property?

Yes No

a) If yes, you must provide a copy of the sales contract with the request.

b) What is the anticipated closing date for the sale? _____

c) If the Property was recently purchased, the closing statement or deed must be submitted with this request.

5. Property Information (*select all applicable items*)

Is there a Partial Release of Lien for this Property? Yes No

Is the Property in foreclosure? Yes No

Was the Property purchased at a foreclose auction? Yes No

Has the current Property owner filed bankruptcy? Yes No

Is the Property homestead? Yes No

Is this an investment Property? Yes No

Is the Property vacant/abandoned? Yes No

6. List the address (es) of any OTHER properties located in the City of Hialeah belonging to the property owner. Attach additional sheets, if necessary.

1. _____
2. _____
3. _____



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ADMINISTRATIVE HEARING REQUEST FORM PENALTIES REDUCTION REQUEST AND WAIVER

CONDITIONS PRECEDENT TO OBTAINING A HEARING ON ANY LIEN REDUCTION OR WAIVER REQUEST:

A LIEN REDUCTION REQUEST AND WAIVER (“REQUEST”) WILL BE ACCEPTED BY THE CITY ONLY IF THE ENTIRE PROPERTY WHICH IS THE SUBJECT OF THE SPECIAL MASTER ORDER (INCLUDING BOTH THE EXTERIOR AND THE INTERIOR), IS IN FULL COMPLIANCE WITH THE CITY OF HIALEAH CODE OF ORDINANCES, FLORIDA BUILDING CODE, MIAMI-DADE COUNTY CODE AND ANY ALL OTHER CODES THE CITY HAS ADOPTED AND IS AUTHORIZED TO ENFORCE WITHIN ITS JURISDICTION, IF APPLICABLE. IN ADDITION, IF THE PROPERTY OWNER OWES ANY OTHER FORM OF DEBT TO THE CITY, THEN ALL SUCH UNPAID DEBTS MUST BE PAID IN FULL TO THE CITY AND ALL VIOLATIONS BE CORRECTED TO THE SATISFACTION OF THE OF THE CITY BEFORE A REQUEST IS BE ACCEPTED AND PROCESSED. **TO REQUEST AN INSPECTION PLEASE CONTACT THE CODE COMPLIANCE DIVISION, 501 PALM AVENUE, 2ND FLOOR HIALEAH, FLORIDA 33010 OR BY PHONE (305) 883-5832.**

PROOF OF EXTENUATING AND/OR MITIGATING CIRCUMSTANCES (I.E., MEDICAL OR FINANCIAL HARDSHIPS, AND/OR OTHER SIMILAR FACTORS) WHICH MAY HAVE PREVENTED THE PROPERTY OWNER FROM CORRECTING THE VIOLATION(S), AND COMPLYING WITH THE REQUIREMENTS OF THE SPECIAL MASTER ORDER BY THE COMPLIANCE DATE, AND/OR OTHER EVIDENCE OF MITIGATION OR JUSTIFICATION BY THE PROPERTY OWNER SHALL BE SUBMITTED WITH THIS REQUEST. RELEVANT EVIDENCE TO BE CONSIDERED BY THE SPECIAL MASTER IN RULING ON THE REQUEST INCLUDES: (1) THE GRAVITY OF THE VIOLATION; (2) THE ACTIONS TAKEN BY THE VIOLATOR TO CORRECT THE VIOLATION; AND (3) ANY PREVIOUS VIOLATIONS COMMITTED BY THE VIOLATOR. ALL DOCUMENTARY EVIDENCE IN SUPPORT OF THE REQUEST MUST BE SUBMITTED TOGETHER WITH THIS COMPLETED REQUEST FORM. DOCUMENTARY EVIDENCE THAT IS NOT PROVIDED TO THE CITY AT THE TIME THE REQUEST IS SUBMITTED MAY NOT BE CONSIDERED BY THE SPECIAL MASTER AT THE ADMINISTRATIVE HEARING ON THE REQUEST.

ALL CONDITIONS PRECEDENT TO OBTAINING A HEARING ONT HIS FINE REDUCTION OR WAIVER REQUEST AS STATED ON THIS APPLICATION FORM MUST BE FULLY SATISFIED BEFORE ANY REQUEST WILL BE PROCESSED BY THE CITY, PLACED ON AN AGENDA OF THE SPECIAL MASTER, OR A HEARING CONDUCTED ON THE REQUEST. ADDITIONALLY, ALL INFORMATION TO BE CONSIDERED BY THE SPECIAL MASTER IN SUPPORT OF THIS REQUEST MUST BE SUPPLIED TO THE CITY, TOGETHER WITH THIS REQUEST FORM, IN ORDER FOR YOUR APPLICATION TO BE PROCESSED. IF ANY INFORMATION IS MISSING, YOUR REQUEST MAY BE RETURNED TO YOU FOR COMPLETION, AND THE CITY’S SPECIAL MASTER WILL NOT HEAR YOUR REQUEST UNTIL A COMPLETED APPLICATION IS RECEIVED.

FOR ADMINISTRATIVE USE ONLY

Date Received: _____

Accepted. Complete application

Received by: _____

Rejected. Incomplete application.

Date Hearing Scheduled: _____

Returned to _____ on _____

WHITE – VIOLATOR’S COPY

CANARY – MAILING COPY

PINK – OFFICE COPY

GOLDENROD – 2ND OFFICE COPY