



Planning and Development Services
 Code Compliance Division
 2300 Virginia Ave
 Ft. Pierce, FL 34982
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 Fax: (772) 462-1148
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For Office Use Only -- Date Received

Stamp Only When Fully Complete

**St. Lucie County
 Amnesty Lien Program
 Application**

PLEASE PRINT OR TYPE APPLICATION

1. Date: _____

2. Applicant Information: **Check here if same as owner*

Company (if Applicable): _____

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____ Fax#: _____

Email: _____

3. Information for subject property where violation occurred:

Street Address and Location: _____

Parcel ID#: _____

FOR CODE DEPARTMENT USE ONLY	
Case # _____	
Application submittal date _____	
Date of last inspection _____	
Lien Amount \$ _____	Lien reduction amount \$ _____
Date reduced amount paid _____	Payment accepted by _____

Anyone with a disability requiring assistance with the program should contact the St. Lucie County Risk manager prior to the program duration at (772) 462-1546 or T.D.D. (772) 462-1428