



APPLICATION FOR LIEN AMNESTY (BMSD)

I, _____ APPLICANT'S NAME respectfully request that Broward County reconsider the Zoning Liens and/or the Land Clearance Bills/Liens assessed against the within named real property relating to penalties imposed:

Property Information

Address *(Parcel must be located in unincorporated as per property appraiser)*

Folio Number

Code Enforcement Section Case Numbers

Attach additional sheet if necessary

<i>Fine/Lien Number</i>	<i>Description of Fine/Lien</i>	<i>Date Lien Recorded</i>	<i>Amount Due</i>
1 _____	_____	_____	\$ _____
2 _____	_____	_____	\$ _____
3 _____	_____	_____	\$ _____
4 _____	_____	_____	\$ _____
5 _____	_____	_____	\$ _____

Justification for Reduction of Fine(s)

Note: *an inspection of your property will take place after this application is received; There must be no existing zoning, land clearance or building violations*

Applicant's Signature

I understand that in order to participate in the BMSD Amnesty Program that: (i)all violations on the subject property must be complied; (ii)there cannot be any other active code enforcement cases with ongoing violations pending on any other property I own within the BMSD; (iii) Unsafe Structures Board liens must first be paid in full; (iv) property taxes must first be paid in full; and (iv) I understand that I am submitting a **non-refundable \$250 application fee** for the Property.

Applicant's Signature

Date