



Town of Highland Beach

Building Department

3616 South Ocean Boulevard • Highland Beach, Florida 33487

NOTICE OF HEARING / APPEARANCE

CASE NO. CC2024-01-026

TOWN OF HIGHLAND BEACH, FLORIDA

VS.

SUSAN GARBER, MICHAEL L MARCUS, NEIL R MARCUS

209 LONETOWN RD

REDDING CT 06896 1504

Re: 4740 S OCEAN BLVD 812., Highland Beach FL 33487 (PCN: 24-43-47-09-08-000-0812)

YOU ARE HEREBY NOTIFIED that pursuant to Article V, Chapter 2 (Administration) of the Town of Highland Beach's Code of Ordinances, the Code Enforcement Board will be conducting a Code Enforcement Board meeting on *Tuesday, APRIL 9, 2024, at 1:00 P.M., in the Library Community Room at 3618 South Ocean Boulevard*, regarding Violation: M21-0053-A/C changeout. Permit expired., (30-122 (B) Expiration of building permit.). During the meeting, a hearing will take place to determine whether you have violated one or more provisions and/or sections of the Town of Highland Beach's Code, as set forth in the attached "Violation Notice," sworn to by the Code Enforcement Officer of the Town of Highland Beach.

THEREFORE, YOU ARE HEREBY COMMANDED to be and appear before the Code Enforcement Board at the aforesaid place, date, and time. IF YOU FAIL TO APPEAR, A JUDGMENT MAY BE RENDERED AGAINST YOU.

ADDITIONALLY, YOU ARE ENTITLED to be represented by counsel, to present testimony and evidence, and to testify on your own behalf. Subpoenas for records, surveys, plats, and other materials and for witnesses may be requested and will be issued by the Code Enforcement Board upon proper request.

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a copy of the foregoing notice has been furnished to the above-named addressee by posting on the door of the addressee's residence and by U.S. Postal Service Certified Mail, Return Receipt Domestic Mail, SIGNED this 27 day of MARCH 2024.



Adam Osowsky
Code Compliance Officer

Certified Mail: 70210950000086914114

www.highlandbeach.us

Tel (561) 278-4540 • Fax (561) 278-2606

9589 0710 5270 1134 3539 84

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only

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OFFICIAL USE

Certified Mail Fee
\$ 4.40

Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$ 3.65
 Return Receipt (electronic) \$ _____
 Certified Mail Restricted Delivery \$ _____
 Adult Signature Required \$ _____
 Adult Signature Restricted Delivery \$ _____



Postage
\$.68

Total Postage and Fees
\$ 8.73

Sent To

Street and Apt. No., or P.O.®

City, State, ZIP+4®

CC2024-01-026 NOV
 MARCUS NEIL R & MARCUS MICHAEL
 209 LONETOWN RD
 REDDING, CT 06896

PS Form 3800, January 2023 PSN 7530-02-000-9047

Certified Mail service provides the following benefits:

- A receipt (this portion of the Certified Mail label).
 - A unique identifier for your mailpiece.
 - Electronic verification of delivery or attempted delivery.
 - A record of delivery (including the recipient's signature) that is retained by the Postal Service™ for a specified period.
- Important Reminders:**
- You may purchase Certified Mail service with First-Class Mail®, First-Class Package Service®, or Priority Mail® service.
 - Certified Mail service is *not* available for international mail.
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 - For an additional fee, and with a proper endorsement on the mailpiece, you may request the following services:
 - Return receipt service, which provides a record of delivery (including the recipient's signature). You can request a hardcopy return receipt or an electronic version. For a hardcopy return receipt, complete PS Form 3811, *Domestic Return Receipt*; attach PS Form 3811 to your mailpiece;
- for an electronic return receipt, see a retail associate for assistance. To receive a duplicate return receipt for no additional fee, present this USPS®-postmarked Certified Mail receipt to the retail associate.
- Restricted delivery service, which provides delivery to the addressee specified by name, or to the addressee's authorized agent.
 - Adult signature service, which requires the signee to be at least 21 years of age (not available at retail).
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- IMPORTANT: Save this receipt for your records.**

PS Form 3800, January 2023 (Reverse) PSN 7530-02-000-9047

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PS Form 3800, Janu

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PS Form 3800, January 2023 (Reverse) PSN 7530-02-000-9047

Property Detail

Location Address : 4740 S OCEAN BLVD 812
Municipality : HIGHLAND BEACH
Parcel Control Number : 24-43-47-09-08-000-0812
Subdivision : BRAEMAR ISLE COND DECL FILED 2-18-81
Official Records Book/Page : 31450 / 755
Sale Date : MAY-2020
Legal Description : BRAEMAR ISLE COND UNIT 812

Owner Information

Owner(s)
 GARBER SUSAN
 MARCUS MICHAEL L
 MARCUS NEIL R &

Mailing Address
 209 LONETOWN RD
 REDDING CT 06896 1504

Sales Information

Sales Date	Price	OR Book/Page	Sale Type	Owner
MAY-2020	\$10	31450 / 00755	QUIT CLAIM	MARCUS NEIL R &
NOV-2017	\$0	29491 / 01634	SUMMARY ORDER	MARCUS PEARL TRUST
MAR-1983	\$162,500	03902 / 00315	WARRANTY DEED	MARCUS JACK &
JUN-1982	\$100	03828 / 00360	QUIT CLAIM	

Exemption Information

No Exemption Information Available.

Property Information

Number of Units : 1
***Total Square Feet :** 1500
Acres :
Property Use Code : 0400—CONDOMINIUM
Zoning : RML—MULTI-FAMILY LOW-DENSITY (24-HIGHLAND BEACH)

Appraisals

Tax Year	2023	2022	2021	2020	2019
Improvement Value	\$925,850	\$610,500	\$510,000	\$445,000	\$410,000
Land Value	\$0	\$0	\$0	\$0	\$0
Total Market Value	\$925,850	\$610,500	\$510,000	\$445,000	\$410,000

Assessed and Taxable Values

Tax Year	2023	2022	2021	2020	2019
Assessed Value	\$617,100	\$561,000	\$510,000	\$445,000	\$410,000
Exemption Amount	\$0	\$0	\$0	\$0	\$0
Taxable Value	\$617,100	\$561,000	\$510,000	\$445,000	\$410,000

Taxes

Tax Year	2023	2022	2021	2020	2019
AD VALOREM	\$11,860	\$9,517	\$8,645	\$7,692	\$7,179
NON AD VALOREM	\$103	\$100	\$96	\$95	\$97
TOTAL TAX	\$11,963	\$9,617	\$8,741	\$7,787	\$7,276

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Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy) \$ _____	
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<input type="checkbox"/> Certified Mail Restricted Delivery \$ _____ <input type="checkbox"/> Adult Signature Required \$ _____ <input type="checkbox"/> Adult Signature Restricted Delivery \$ _____	
Postage \$ _____	
Total Postage and Fees \$ _____	
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PS Form 3800, April 2015 (Reverse) PSN 7530-02-000-9047	

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Form 3800, April 2015 (Reverse) PSN 7530-02-000-9047



Town of Highland Beach

3616 South Ocean Blvd.
Highland Beach, FL 33487
Phone: 561-278-4540
Fax: 561-278-2606

January 25, 2024

MARCUS NEIL R & MARCUS MICHAEL L
209 LONETOWN RD
REDDING, CT 06896

RE: Code Compliance Case No. CC2024-01-026

MARCUS NEIL R & MARCUS MICHAEL L,
Location : 4740 S OCEAN BLVD 812
HIGHLAND BEACH FL, 33487

Complaint Description:

Violation: M21-0053-A/C changeout. Permit expired.

Correction: Must obtain all required permits by 2/15/2024.

30-122 (A) Building Permits Required

All construction within the Town of Highland Beach, unless otherwise exempted, shall require a building permit issued pursuant to the provisions of this code. All building permits shall be issued by the building official or designee.

30-122 (B) Expiration of building permit.

Every building permit issued shall expire six (6) months after issuance, unless the work authorized by such permit is commenced within that time period. A building permit shall expire if the work authorized by such permit is suspended or abandoned for a period of six (6) months after the time the work is commenced. Not more than two (2) extensions of time, each for a period not exceeding ninety (90) days, may be allowed by the building official.

Failure to comply by the above date will result, without any further notice, in you being summoned to appear before the town Code Enforcement board, which can result in a fine against the violator & property in the amount of \$250.00 per day for each day the violation exists. Your anticipated cooperation is greatly appreciated and simple compliance will resolve this matter easier than the formal process.

Should you have any questions, please contact the Code Compliance Officer for a reinspection at 561-278-4540 option 4.






Town of Highland Beach

3616 South Ocean Blvd.
Highland Beach, FL 33487
Phone: 561-278-4540
Fax: 561-278-2606

Regards,

Adam Osowsky
CODE COMPLIANCE OFFICER
aosowsky@highlandbeach.us
5613516169

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>Suzanne Lynch</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p>
<p>CC2024-01-026 NOV MARCUS 4740 S OCEAN BLVD 812 HIGHLAND BEACH, FL 33487</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
 9590 9402 8637 3244 6770 61	<p>3. Service Type</p> <ul style="list-style-type: none"> <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery
<p>2 Article Number (Transfer from service label) 9589 0710 5270 1134 3539 77</p>	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

<p>USPS TRACKING #</p>  MIAMI FL 330 29 JAN 2024 PM 6 L 9590 9402 8637 3244 6770 61	 <div data-bbox="1055 777 1250 871" style="border: 1px solid black; padding: 5px;"> First-Class Mail Postage & Fees Paid USPS Permit No. G-10 </div>
<p>United States Postal Service</p> <p>RECEIVED</p> <p>JAN 31 2024</p> <p>Town of Highland Beach, FL Town Clerk's Office</p>	<p>• Sender: Please print your name, address, and ZIP+4® in this box•</p> <div data-bbox="600 997 1193 1207" style="border: 1px solid black; padding: 10px;"> TOWN OF HIGHLAND BEACH CODE COMPLIANCE 3616 S OCEAN BLVD HIGHLAND BEACH, FL 33487 </div>
7-339316	