



THE SUNRISE CITY
FORT PIERCE
PLANNING DEPARTMENT

Florida



Conditional Use – No New Construction

Property address or Location 655 Hernando St. Ft. Pierce, FL. 34949
 Parcel ID #(s) 2401-503-0026-020-5
 Project description Conditional Use, Permit

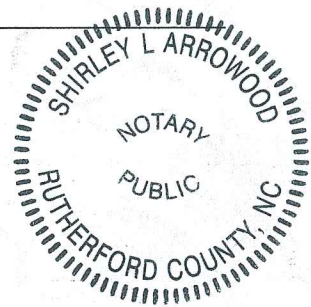
Property Owner(s) <u>Robert & Deborah Sacks</u>	Applicant/Representative, Title, Company
Street Address <u>404 Creekside Circle</u>	Street Address
City State Zip <u>Rutherfordton NC 28139</u>	City State Zip
Phone Number <u>828-286-7433</u>	Phone Number
Email Address <u>BBARDRANGH@AOL.COM</u>	Email Address

Property Owner(s) Acknowledgements: - This application will not be considered complete without the signature of all property owners of record, which shall serve as an acknowledgement of the submission of this application. The property owner's signature below shall also authorize the Applicant (if other than the property owner) and/or Representative to act in his/her behalf for the purposes of seeking approval for the application described herein.

Deborah Sacks
Property Owner(s) Signature(s)

STATE OF FLORIDA DC COUNTY Rutherford
 The foregoing instrument was acknowledged before me this 20th day of Jan, 2017, by Deborah Sacks who is personally known to me or has produced NDL # 35384916 as identification.

Shirley L Arrowood
Signature of Notary



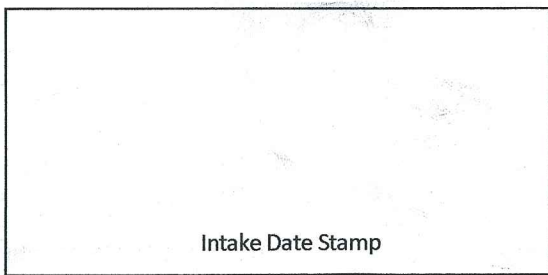
(seal)

INTAKE MEETINGS ARE REQUIRED FOR ALL SUBMITTALS. CALL (772) 467-3729

TO BE COMPLETED BY STAFF

Zoning	Future Land Use	Total Acres	Historic District	Historic Designation
				Contributing Individual Non-Contributing None

Pre-Application Meeting Date _____ Fees _____ Control # _____ B. Permit # _____
 Intake Planner _____
 Planner Assigned _____
 Approved By _____ Date _____
 Comments _____



Intake Date Stamp

CONDITIONAL USE: NO NEW CONSTRUCTION

- Submit one original, seven (7) hard copies and one (1) CD of the following for initial submittal, subsequent submittals will be required:**
- If no site improvements are required:
 - As-built survey
 - Floor plan of existing building(s)
 - If parking and drainage improvements are required:
 - As-built survey;
 - Site plan, to scale, including existing improvements and proposed parking, driveways, landscaping & storm drainage;
 - Lighting plan
 - Complete, notarized application

Application Type:

- Conditional Use: No new construction with no site improvements
- Conditional Use: No new construction with parking and drainage improvements

Site Information:

Building Size 7086 SQ FT Parking Spaces: 6

Surrounding Uses: (i.e. single family home, retail, industrial, etc.)

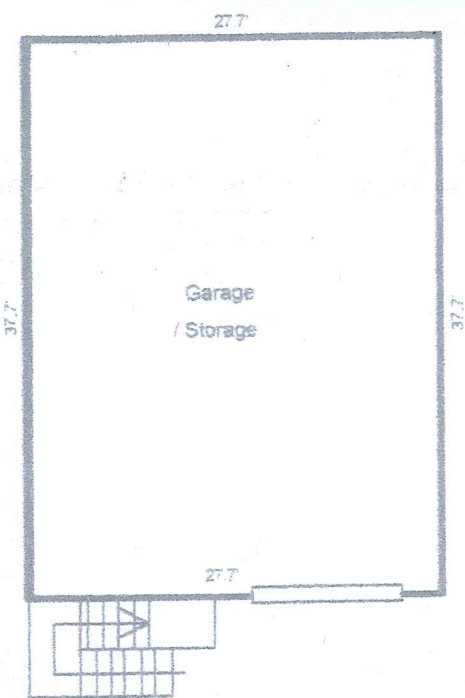
North	South	East	West
DUPLEX	Apartment	empty lot & apartments	Apartment

The application for conditional use with the application for site plan review, when not exempt in accordance with the requirements of section 22-75, shall be reviewed as a unit in accordance with the requirements of section 22-58 except that:

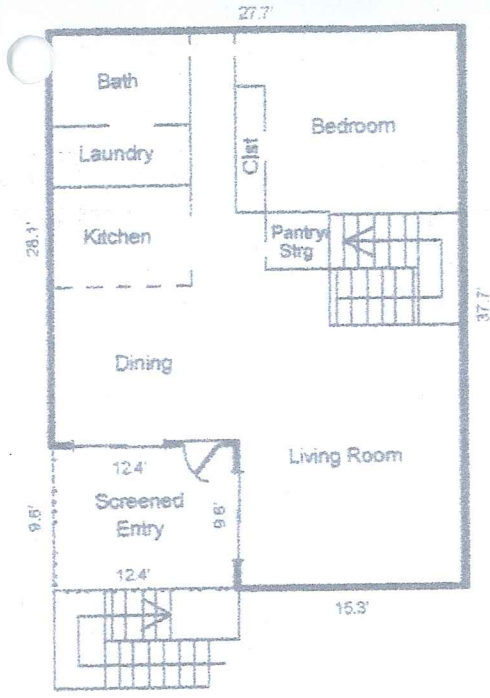
- (1) The city commission shall hold a public hearing in accordance with the provisions of section 22-143 prior to acting on the application for conditional use.
- (2) In the event the city planning board disapproved the application for conditional use or in case of a protest against said application signed by twenty (20) per cent of the owners within five hundred (500) feet of the area included in said application, such application shall not be approved except by a four-fifths vote by the city commission.
- (3) In permitting a conditional use or the modification of an existing conditional use, the city commission may impose, in addition to those standards and requirements expressly specified in this chapter, any condition which it finds to be necessary to protect the best interest of the surrounding property of the city.



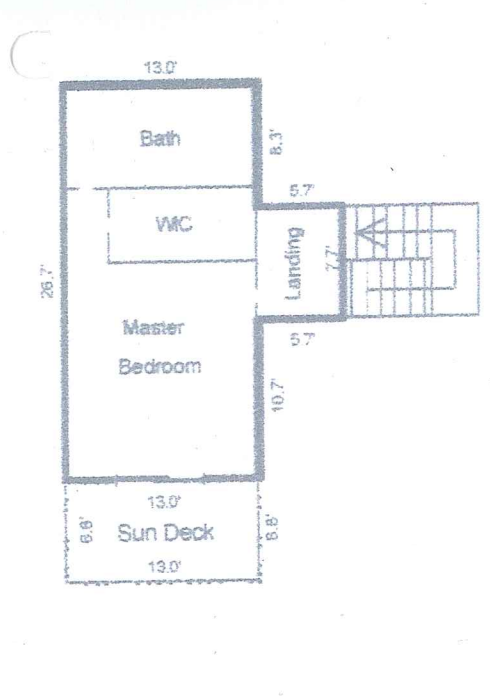
Min. 1 week
 Target yearly
 Occasionally: Monthly



1st Floor



2nd Floor



3rd Floor

Floor Plans

Arch by AutoCAD

Comments: Interior walls are NOT drawn to scale.

AREA CALCULATIONS SUMMARY

Code	Description	Size	Net Totals
GLA2	Second Floor	925.25	925.25
GLA3	Third Floor	390.99	390.99
P/P	Screened Entry	119.04	
	Sun Deck	88.40	207.44
GAR	Garage	1044.29	1044.29
TOTAL LIVABLE (rounded)			1316

LIVING AREA BREAKDOWN

Breakdown			Subtotals
Second Floor			
27.7	x	28.1	778.37
9.6	x	15.3	146.88
Third Floor			
5.7	x	7.7	43.89
13.0	x	26.7	347.10
4 Calculations Total (rounded)			1316

Michelle Franklin, CFA -- Saint Lucie County Property Appraiser -- All rights reserved.

Building Information

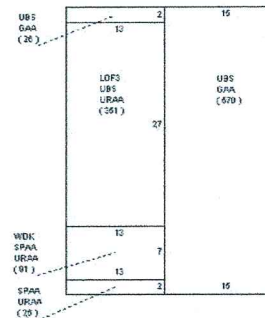
Finished/Under Air Area: 1,298 SF
Gross Total Area: 2,570 SF

Exterior Data

Building Type:	XT48	Grade:	T48A
Year Built:	1989	Effective Year:	1989
No. Units:	1	Story Height:	3 Story
Roof Cover:	Dim Shingle	Roof Structure:	Gable
Primary Wall:	CB Stucco	Secondary Wall:	Hardi Plank
View:		Frame:	

Interior Data

Bedrooms:	2	Full Baths:	2
Primary Int Wall:	Drywall	Half Baths:	0
Primary Floors:	Carpet	Avg Hgt/Floor:	0
Heat Type:	FredHotAir	Heat Fuel:	ELEC
Heated %:	100%	A/C %:	100%
Electric:	MAXIMUM	Interior Sprinkler %:	0%



Sketch Area Legend

Sub Area	Description	Area	Fin. Area	Perimeter
GAA	Garage Attached Average	596	0	136
LOF3	LOFT AT 30% OF BASE (GOOD QUALITY)	351	351	80
SPAA	Screen Porch Attached Average	117	0	70
UBS	UPPER BASE AREA/+1	947	947	216
URAA	Utility Room Attached Average	468	0	150
WDK	WOOD DECK	91	0	40

This information is believed to be correct at this time but it is subject to change and is not warranted.
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Drive Way & Parking

NORTH

yard

WEST

655

653

651



Drive way

2 cars per Unit
They are marked
by paint lines

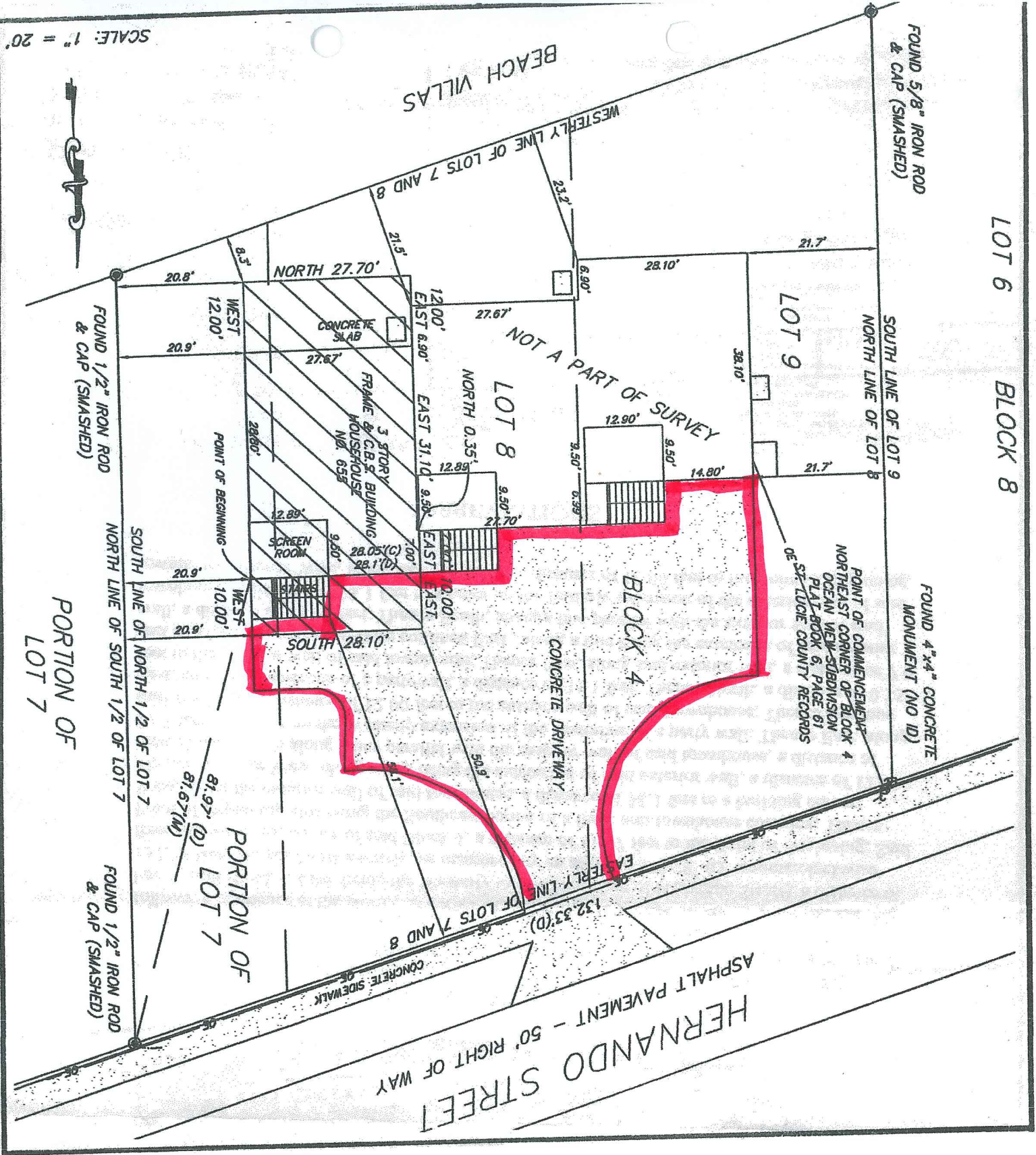
yard

yard

Hernando Street

SOUTH

EAST



Parking Out lined in Red

South Hutchinson Island



Your Vacation Destiny Awaits You

Debbie Sacks

828-286-7433

Your Vacation destination awaits you on the beautiful beaches of South Hutchinson Island



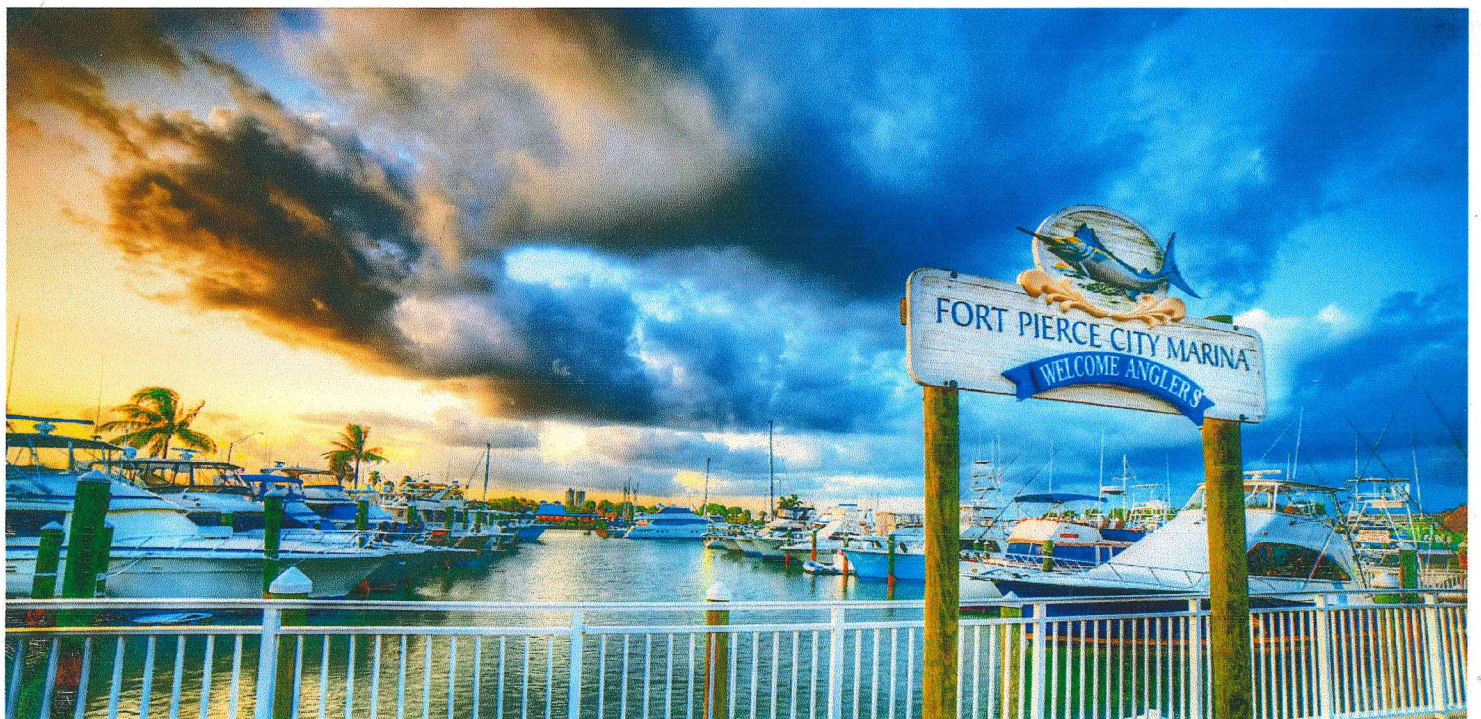
Down Town Ft. Pierce offers a variety of activities. There is a Farmers Market every Saturday that features fresh veggies, fruits, home baked goods, and plants.

They also have numerous artist that sell paintings, jewelry, wood carvings, etc...

Also enjoy charter fishing and sight seeing tours that Ft. Pierce Marina offers.

There are also shops, and restaurants of all cuisine.

Please support our local artist and farmmers.



655 Hernando Street







Debbie Sacks

828-286-7433

BBARDRANCH @AOL.COM

Please call for rates.

Hello my name is Debbie Sacks and Thank You for considering this vacation rental unit.

This Oasis features a Master bedroom on the third floor with a king size bed, private bath and walk in closet.

On the second floor you have the living room, dining room, kitchen, pantry, quest bathroom, and quest bedroom that has a queen size bed and washer and dryer.

The bedrooms have TV's and the living room has a 60" screen TV.

You also have free WiFi, and DirecTV.

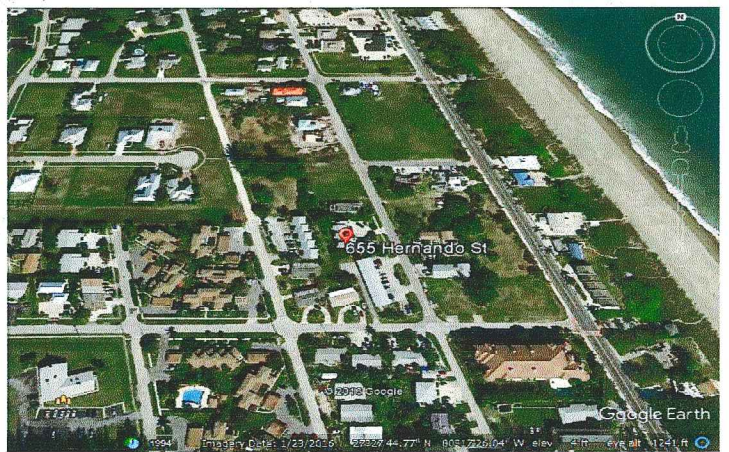
This vacation unit is located one block off of A1A and the Beach.

There are numerous Beach Parks within walking distance.

Located right on the Island and with in walking distance there are restaurants, and the Ft Pierce Inlet where you can fish off the jetty.

South Hutchinson Island is located in Ft. Pierce Florida and is know as The Sunrise City and the Treasure Coast where treasures have been found from old sunkin ships.

I hope you enjoy your vacation on this Goregeous Island and Please support or local businesses, thats what makes this Island so special



Residential Lease

BY THIS AGREEMENT made and entered into on _____, 20_____, between _____, herein referred to as Lessor, and _____, herein referred to as Lessee. Lessor leases to Lessee the premises situated at _____, in the City of _____, County of _____, State of _____, and more particularly described as follows: _____ together with all appurtenances, for a term of _____ year(s), to commence on _____, 20_____, and to end on _____, 20_____, at _____.

- Rent.** Lessee agrees to pay, without demand, to Lessor as rent for the demised premises the sum of _____ Dollars (\$_____) per month in advance on the _____ day of each calendar month beginning _____, 20_____, at _____, City of _____, State of _____, or at such other place as Lessor may designate.
- Form of Payment.** Lessee agrees to pay rent each month in the form of one personal check, OR one cashier's check, OR one money order made out to _____.
- Late Payments.** For any rent payment not paid by the date due, Lessee shall pay a late fee in the amount of _____ Dollars (\$_____).
- Returned Checks.** If, for any reason, a check used by Lessee to pay Lessor is returned without having been paid, Lessee will pay a charge of _____ Dollars (\$_____) as additional rent AND take whatever other consequences there might be in making a late payment. After the second time a Lessee's check is returned, Lessee must thereafter secure a cashier's check or money order for payment of rent.
- Security Deposit.** On execution of this lease, Lessee deposits with Lessor _____ Dollars (\$_____), receipt of which is acknowledged by Lessor, as security for the faithful performance by Lessee of the terms hereof, to be returned to Lessee, without interest, except where required by law, on the full and faithful performance by him of the provisions hereof.
- Quiet Enjoyment.** Lessor covenants that on paying the rent and performing the covenants herein contained, Lessee shall peacefully and quietly have, hold, and enjoy the demised premises for the agreed term.
- Use of Premises.** The demised premises shall be used and occupied by Lessee exclusively as a private single family residence, and neither the premises nor any part thereof shall be used at any time during the term of this lease by Lessee for the purpose of carrying on any business, profession, or trade of any kind, or for any purpose other than as a private single family residence. Lessee shall comply with all the sanitary laws, ordinances, rules, and orders of appropriate governmental authorities affecting the cleanliness, occupancy, and preservation of the demised premises, and the sidewalks connected thereto, during the term of this lease.
- Number of Occupants.** Lessee agrees that the demised premises shall be occupied by no more than _____ persons, consisting of _____ adult(s) and _____ child(ren) under the age of 18 years, without the written consent of Lessor.
- Condition of Premises.** Lessee stipulates that he or she has examined the demised premises, including the grounds and all

buildings and improvements, and that they are, at the time of this lease, in good order, repair, and a safe, clean and tenantable conditions.

10. **Keys.** Lessee will be given _____ key(s) to the premises and _____ mailbox key(s). If all keys are not returned to Lessor following termination of lease, Lessee shall be charged _____ Dollars (\$ _____) per key.
11. **Locks.** Lessee agrees not to change locks on any door or mailbox without first obtaining Lessor's written permission. Having obtained written permission, Lessee agrees to pay for changing the locks and to provide Lessor with one duplicate key per lock.
12. **Lockout.** If Lessee becomes locked out of the premises after management's regular stated business hours, Lessee will be required to secure a private locksmith to regain entry at Lessee's sole expense.
13. **Parking.** Any parking that may be provided is strictly self-park and is at owner's risk. Parking fees are for a license to park only. No bailment or bailee custody is intended. Lessor is not responsible for, nor does Lessor assume any liability for damages caused by fire, theft, casualty or any other cause whatsoever with respect to any vehicle or its contents. Snow removal is the responsibility of the vehicle owner. Any tenant who wishes to rent a parking space or garage must sign a Parking Space or Garage Rental Agreement.
14. **Assignment and Subletting.** Without the prior written consent of Lessor, Lessee shall not assign this lease, or sublet or grant any concession or license to use the premises or any part thereof. A consent by Lessor to one assignment, subletting, concession or license shall not be deemed to be a consent to any subsequent assignment, subletting, concession, or license. An assignment, subletting, concession, or license without the prior written consent of Lessor, or an assignment or subletting by operation of law, shall be void and shall, at Lessor's option, terminate this lease.
15. **Alterations and Improvements.** Lessee shall make no alterations to the buildings on the demised premises or construct any building or make other improvements on the demised premises without the prior written consent of Lessor. All alterations, changes, and improvements built, constructed, or placed on the demised premises by Lessee, with the exception of fixtures removable without damage to the premises and movable personal property, shall, unless otherwise provided by written agreement between Lessor and Lessee, be the property of Lessor and remain on the demised premises at the expiration or sooner termination of this lease.
16. **Damage to Premises.** If the demised premises, or any part thereof, shall be partially damaged by fire or other casualty not due to Lessee's negligence or willful act or that of his employee, family, agent, or visitor, the premises shall be promptly repaired by Lessor and there shall be an abatement of rent corresponding with the time during which, and the extent to which, the leased premises may have been untenable; but, if the leased premises should be damaged other than by Lessee's negligence or willful act or that of his employee, family, agent, or visitor to the extent that Lessor shall decide not to rebuild or repair, the term of this lease shall end and the rent shall be prorated up to the time of the damage.
17. **Dangerous Materials.** Lessee shall not keep or have on the leased premises any article or thing of a dangerous, inflammable, or explosive character that might unreasonably increase the danger of fire on the leased premises or that might be considered hazardous or extra hazardous by any responsible insurance company.
18. **Utilities.** Lessee shall be responsible for arranging for and paying for all utility services required on the premises, except that _____ shall be provided by Lessor.
19. **Right of Inspection.** Lessor and his agents shall have the right at all reasonable times during the term of this lease and any renewal thereof to enter the demised premises for the purpose of inspecting the premises and all building and improvements thereon.
20. **Maintenance and Repair.** Lessee will, at his sole expense, keep and maintain the leased premises and appurtenances in good and sanitary condition and repair during the term of this lease and any renewal thereof. In particular, Lessee shall keep the fixtures in the house or on or about the leased premises in good order and repair; keep the furnace clean; keep the electric

bills in order; keep the walks free from dirt and debris; and, at his sole expense, shall make all required repairs to the plumbing, range, heating, apparatus, and electric and gas fixtures whenever damage thereto shall have resulted from Lessee's misuse, waste, or neglect or that of his employee, family, agent, or visitor. Major maintenance and repair of the leased premises, not due to Lessee's misuse, waste or neglect or that of his employee, family, agent, or visitor, shall be the responsibility of Lessor or his assigns. Lessee agrees that no signs shall be placed or painting done on or about the leased premises by Lessee or at his direction without the prior written consent of Lessor.

21. **Painting.** Lessor reserves the right to determine when the dwelling will be painted unless there is any law to the contrary.
22. **Pets.** Pets shall not be allowed without the prior written consent of the Lessor. At the time of signing this lease, Lessee shall pay to Lessor, in trust, a deposit of _____ Dollars (\$_____), to be held and disbursed for pet damages to the Premises (if any) as provided by law. This deposit is in addition to any other security deposit stated in this lease. Any Lessee who wishes to keep a pet in the rented unit must sign a Pet Agreement Addendum.
23. **Display of Signs.** During the last _____ days of this lease, Lessor or his or her agent shall have the privilege of displaying the usual "For Sale" or "For Rent" or "Vacancy" signs on the demised premises and of showing the property to prospective purchasers or tenants.
24. **Rules and Regulations.** Lessor's existing rules and regulations, if any, shall be signed by Lessee, attached to this agreement and incorporated into it. Lessor may adopt other rules and regulations at a later time provided that he or she have a legitimate purpose, not modify Lessee's rights substantially and not become effective without notice of at least two (2) weeks.
25. **Subordination of Lease.** This lease and Lessee's leasehold interest hereunder are and shall be subject, subordinate, and inferior to any liens or encumbrances now or hereafter placed on the demised premises by Lessor, all advances made under any such liens or encumbrances, the interest payable on any such liens or encumbrances, and any and all renewals or extensions of such liens or encumbrances.
26. **Holdover by Lessee.** Should Lessee remain in possession of the demised premises with the consent of Lessor after the natural expiration of this lease, a new month-to-month tenancy shall be created between Lessor and Lessee, which shall be subject to all the terms and conditions hereof but shall be terminated on _____ days' written notice served by either Lessor or Lessee on the other party.
27. **Notice of Intent to Vacate.** (This paragraph applies only when this Agreement is or has become a month-to-month Agreement.) Lessor shall advise Lessee of any changes in terms of tenancy with advance notice of at least 30 days. Changes may include notices of termination, rent adjustments or other reasonable changes in the terms of this Agreement.
28. **Surrender of Premises.** At the expiration of the lease term, Lessee shall quit and surrender the premises hereby demised in as good state and condition as they were at the commencement of this lease, reasonable use and wear thereof and damages by the elements excepted.
29. **Default.** If any default is made in the payment of rent, or any part thereof, at the times hereinbefore specified, or if any default is made in the performance of or compliance with any other term or condition hereof, the lease, at the option of Lessor, shall terminate and be forfeited, and Lessor may re-enter the premises and remove all persons therefrom. Lessee shall be given written notice of any default or breach, and termination and forfeiture of the lease shall not result if, within _____ days of receipt of such notice, Lessee has corrected the default or breach or has taken action reasonably likely to effect such correction within a reasonable time.
30. **Abandonment.** If at any time during the term of this lease Lessee abandons the demised premises or any part thereof, Lessor may, at his or her option, enter the demised premises by any means without being liable for any prosecution therefore, and without becoming liable to Lessee for damages or for any payment of any kind whatever, and may, at his or her discretion, as agent for Lessee, re-let the demised premises, or any part thereof, for the whole or any part of the then unexpired term, and may receive and collect all rent payable by virtue of such re-letting, and, at Lessor's option, hold Lessee liable for any difference between the rent that would have been payable under this lease during the balance of the unexpired term, if

this lease had continued in force, and the net rent for such period realized by Lessor by means of such re-letting. If Lessor's right of re-entry is exercised following abandonment of the premises by Lessee, then Lessor may consider any personal property belonging to Lessee and left on the premises to also have been abandoned, in which case Lessor may dispose of all such personal property in any manner Lessor shall deem proper and is hereby relieved of all liability for doing so.

- 31. **Binding Effect.** The covenants and conditions herein contained shall apply to and bind the heirs, legal representatives, and assigns of the parties hereto, and all covenants are to be construed as conditions of this lease.
- 32. **Radon Gas Disclosure.** As required by law, Lessor makes the following disclosure: "Radon Gas is a naturally occurring radioactive gas that, when it has accumulated in a building in sufficient quantities, may present health risks to persons who are exposed to it over time. Levels of radon that exceed federal and state guidelines have been found in buildings in every state. Additional information regarding radon and radon testing may be obtained from your county public health unit."
- 33. **Lead Paint Disclosure.** As required by law, Lessor makes the following disclosure: "Housing built before 1978 may contain lead-based paint. Lead from paint, paint chips, and dust can pose health hazards if not managed properly. Lead exposure is especially harmful to young children and pregnant women. Before renting pre-1978 housing, lessors must disclose the presence of known lead-based paint and/or lead-based paint hazards in the dwelling. Lessees must also receive a federally approved pamphlet on lead poisoning prevention."
- 34. **Severability.** If any portion of this lease shall be held to be invalid or unenforceable for any reason, the remaining provisions shall continue to be valid and enforceable. If a court finds that any provision of this lease is invalid or unenforceable, but that by limiting such provision it would become valid and enforceable, then such provision shall be deemed to be written, construed and enforced as so limited.
- 35. **Insurance.** Lessor has obtained insurance to cover fire damage to the building itself and liability insurance to cover certain personal injuries occurring as a result of property defects or Lessor's negligence. Lessor's insurance does not cover Lessee's possessions or Lessee's negligence. Unless the opt-out clause below is initialed by both Lessee and Lessor, Lessee must obtain a renter's insurance policy to cover damage or loss of personal possessions as well as losses resulting from Lessee's negligence.

Opt-Out Clause:

_____ Lessee and Lessor must both initial and date here if the requirement that Lessee obtain renter's insurance is waived. If the requirement is waived, Lessee will not be required to obtain renter's insurance. Lessor's insurance policy does not cover damages or loss of Lessee's personal possessions as well as losses resulting from Lessee's negligence.

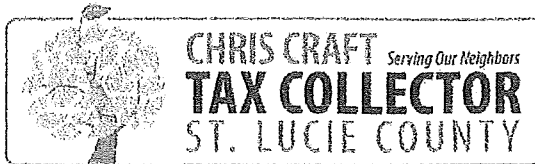
36. **Other Terms:** _____

Lessee _____ Date: _____

Lessor _____ Date: _____

NOTICE: State law establishes rights and obligations for parties to rental agreements. This agreement is required to comply with the Truth in Renting Act or the applicable Landlord Tenant Statute or code of your state. If you have a question about the interpretation or legality of a provision of this agreement, you may want to seek assistance from a lawyer or other qualified person.

NOTICE: Contact your local county real estate board for additional forms that may be required to meet your specific needs.



TDI # 5416

5% TOURIST DEVELOPMENT TAX APPLICATION

TDT# (Office Use Only) 5416 DATE POSTED: (Office Use Only) _____

STARTED RENTING DATE Jan 1, 2017

BUSINESS NAME: _____

Account Management
How will you pay your account?
www.tcslc.com

TouristExpress - online - on time (collection allowance included)

Coupons - from web site

Mailed Coupons - from coupon book

Owner's Name: Deborah Sacks Email Address: [REDACTED]

Mailing Address: 404 Creekside Circle FL SALES TAX#: 66- [REDACTED]

City: Rutherfordton State: NC Zip: 28139 Social Security or FEI # [REDACTED]

Rental Property: 655 Herrando St Work Phone#: _____

UNIT #: 655 City: Ft. Pierce Zip: 34949 Home Phone#: [REDACTED]

TYPE OF RENTAL

Condo Motel Hotel Mobil Home Park RV Park Time Share

Single Home Apartment B & B Rooming House Townhouse

Other Approved User YES NO

Do You Have a Rental Agent? YES NO

Do You Have a Bookkeeper? YES NO *myself*

Name: _____

Phone #: _____

Email Address: _____

How Many Units 3

Are You Seasonal: YES NO

If seasonal, mark all months that apply:

Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

No Longer Renting? Date: _____

****Businesses ONLY****

Business Tax Receipt # _____

Signature: Deborah Sacks

Today's Date: 2/10/17

Mail To: St. Lucie County Tax Collector
P.O. Box 308
Fort Pierce, FL 34954-0308

Deliver In Person To: 2300 Virginia Ave - Fort Pierce
or
1664 SE Walton Road - Port Saint Lucie

~ Visit Our Website For Mail-In Coupons ~
www.tcslc.com

Phone #: 772-462-1650 Fax#: 772-462-1968
E-Mail: taxcollector@tcslc.com

NOTE: COUPONS ARE DUE MONTHLY. SEASONAL RENTERS MUST FILE THE YELLOW INACTIVE FORM IN YOUR COUPON BOOK AFTER THE LAST RENTED MONTH OF THE SEASON OR A MINIMUM \$50.00 PENALTY MAY APPLY.

The St. Lucie County Tax Collector collects social security numbers for Tourist Development Tax in accordance with Florida Statutes for the purpose of identification and verification.

Touirst Development Tax (TDT) Account

From: Wendy Browning <Wendy.Browning@tcslc.com>

To: 'bbardranch@aol.com' <bbardranch@aol.com>

Date: Fri, Feb 10, 2017 12:46 pm

 Wendy Browning.vcf (38 KB)  TouristExpress Instr...docx (20 KB)

Good afternoon, Deborah.

We have set up your tourist account in our system. Your Tourist Development Tax (TDT) Acct # is 5416. See the attached instructions for setting up your account through TouristExpress.

We created a zero bill for December 2016 to enable you to set up TouristExpress; this will be the information to use in registering. Once you've registered, we will need to confirm the registration and email you when it has been confirmed. Once confirmed, you will be able to make your payments and file your future returns online.

As a reminder, taxes are due on the first day of the month following the collection period. Tax returns are considered delinquent and subject to penalties and interest if payment is not received before the 20th of the month in which the tax is due. We have your account set up for rental January through December; if there are any of these months that you do not rent, you will need to either submit a \$0 return through TouristExpress for that month or send us an inactive form which can be printed from our website tcslc.com.

If you have any questions, please do not hesitate to contact us.

Best Regards,
Wendy

cid:image004.png@01D23453.C0512900

[facebook logo](#) [twitter logo](#)

Please Note: Florida has very broad public records laws. Most written communications to or from County officials regarding County business are public records available to the public and media upon request. It is the policy of St. Lucie County that all County records shall be open for personal inspection, examination and / or copying. Your e-mail communications will be subject to public disclosure unless an exemption applies to the communication. If you received this email in error, please notify the sender by reply e-mail and delete all materials from all computers.



State of Florida Department of Revenue

[DOB Home](#)[e-Services Home](#)[Print Page](#)[Contacts](#)[Logout](#)[Sales Tax - Click for Help](#)**Original Return****FOR YOUR RECORDS ONLY - DO NOT MAIL**

Cancellations must be done before 5:00 p.m. ET on the submission date. If the submission is completed after 5:00 p.m. ET on the submission date, weekend, or holiday the cancellation must be done before 5:00 p.m. ET the next business day. All cancellations are permanently deleted from our database.

Access Source: 66-8017148277-9**Confirmation Number: 170206126590**

DR-15

Certificate Number

Collection Period

Confirm Date and Time

66-8017148277-9

01/2017

02/06/2017 12:06:52 PM ET

Label

Location Address

655 HERNANDO ST
FORT PIERCE, FL 34949-3246DEBORAH SACKS
404 CREEKSIDE CIR
RUTHERFORDTON, NC 28139-7885

Contact Information	
Name	DEBORAH
Phone	[REDACTED]
Email	[REDACTED]

Debit Date:	2/7/2017
Amount for Check:	\$162.50
Bank Routing Number:	[REDACTED]
Bank Account Number:	[REDACTED]
Bank Account Type:	Checking
Corporate/Personal:	Personal
Name on Bank Account:	DEBORAH SACKS

Due to federal security requirements, we can not process international ACH transactions. If any portion of the money used in the payment you may be making today came from a financial institution located outside of the US or its territories for the purpose of funding this payment, please do not proceed and contact the Florida Department of Revenue at 1-800-352-3671 to make other payment arrangements. By continuing, you are confirming that this payment is not an international ACH transaction. If you are unsure, please contact your financial institution.

I hereby authorize the Department of Revenue to process this ACH transaction and to debit the checking account identified above. I understand there may be service charges assessed on any transactions not honored by my bank.

Application for Employer Identification Number

Department of the Treasury
Internal Revenue Service

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

EIN

▶ See separate instructions for each line. ▶ Keep a copy for your records.

Type or print clearly.	1 Legal name of entity (or individual) for whom the EIN is being requested Deborah Jean Sacks	
	2 Trade name of business (if different from name on line 1)	3 Executor, administrator, trustee, "care of" name
	4a Mailing address (room, apt., suite no. and street, or P.O. box) 404 CREEKSIDE CR	5a Street address (if different) (Do not enter a P.O. box.)
	4b City, state, and ZIP code (if foreign, see instructions) RUTHERFORDTON, North Carolina, 28139	5b City, state, and ZIP code (if foreign, see instructions)
	6 County and state where principal business is located North Carolina	
	7a Name of responsible party Deborah Sacks	7b SSN, ITIN, or EIN [REDACTED]
8a Is this application for a limited liability company (LLC) (or a foreign equivalent)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		8b If 8a is "Yes," enter the number of LLC members ▶
8c If 8a is "Yes," was the LLC organized in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		
9a Type of entity (check only one box). Caution. If 8a is "Yes," see the instructions for the correct box to check.		
<input checked="" type="checkbox"/> Sole proprietor (SSN) [REDACTED] <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation (enter form number to be filed) ▶ <input type="checkbox"/> Personal service corporation <input type="checkbox"/> Church or church-controlled organization <input type="checkbox"/> Other nonprofit organization (specify) ▶ <input type="checkbox"/> Other (specify) ▶		
<input type="checkbox"/> Estate (SSN of decedent) <input type="checkbox"/> Plan administrator (TIN) <input type="checkbox"/> Trust (TIN of grantor) <input type="checkbox"/> National Guard <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> REMIC <input type="checkbox"/> State/local government <input type="checkbox"/> Federal government/military <input type="checkbox"/> Indian tribal governments/enterprises Group Exemption Number (GEN) if any ▶		
9b If a corporation, name the state or foreign country (if applicable) where incorporated	State	Foreign country
10 Reason for applying (check only one box)		
<input checked="" type="checkbox"/> Started new business (specify type) ▶ VACATION RENTAL <input type="checkbox"/> Banking purpose (specify purpose) ▶ <input type="checkbox"/> Hired employees (Check the box and see line 13.) <input type="checkbox"/> Changed type of organization (specify new type) ▶ <input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify type) ▶ <input type="checkbox"/> Other (specify) ▶ <input type="checkbox"/> Created a pension plan (specify type) ▶		
11 Date business started or acquired (month, day, year). See instructions. 01/11/2017		12 Closing month of accounting year December
13 Highest number of employees expected in the next 12 months (enter -0- if none). If no employees expected, skip line 14.		14 If you expect your employment tax liability to be \$1,000 or less in a full calendar year and want to file Form 944 annually instead of Forms 941 quarterly, check here. (Your employment tax liability generally will be \$1,000 or less if you expect to pay \$4,000 or less in total wages.) If you do not check this box, you must file Form 941 for every quarter. <input type="checkbox"/>
Agricultural 0	Household 0	
15 First date wages or annuities were paid (month, day, year). Note. If applicant is a withholding agent, enter date income will first be paid to nonresident alien (month, day, year) ▶		
16 Check one box that best describes the principal activity of your business.		
<input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-agent/broker <input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input type="checkbox"/> Wholesale-other <input type="checkbox"/> Retail <input checked="" type="checkbox"/> Other (specify) VACATION RENTAL		
17 Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided. VACATION RENTAL		
18 Has the applicant entity shown on line 1 ever applied for and received an EIN? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," write previous EIN here ▶		
Third Party Designee	Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.	
	Designee's name Khadejah Payne, GovSimplified LLC	Designee's telephone number (include area code) ([REDACTED])
	Address and ZIP code 2800 Biscayne Blvd Miami, FL 33137	Designee's fax number (include area code) ([REDACTED])
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.		Applicant's telephone number (include area code) ([REDACTED])
Name and title (type or print clearly) ▶ Deborah Sacks, OWNER		Applicant's fax number (include area code) ()
Signature ▶		Date ▶

Information and Rules that you need to know while you are here

655 Hernando St. Ft. Pierce, Fl. 34949

For Power outages or trouble call: FT. Pierce Utilities 772-466-7703

Garbage pick up is Mondays and Fridays. Garbage cans maybe placed curbside 5 ft from the mail box after 7 pm the night before collection and must be removed the same day of collection no later than 7 pm. The same goes for recycling.

Ft. Pierce Police or Fire Department emergencies dial 911

Police Department : 772-871-5000

Fire Department: 772-621-3400

Lawnwood Regional Medical Center: 772-461-4000. They are located at 1700 S 23rd Street Ft Pierce 34950

If you have any problems with appliances, Air Conditioning, etc... Please call me Debbie Sacks 828-286-7433 or my Property Manager Mary Shepard 772-579-8482

Only two vehicles are allowed while you stay.

No Pets are allowed.

The outside of this Townhome needs to be kept clutter free. No bikes, fishing poles, beach chairs etc.. are to be left out over night.

DirecTV problems call 1-800- Directv.

Check in time is at 2 pm and check out time is 11:00 am.

Noises are prohibited, excessive, unnatural, prolong and unusual are a detriment to the public health, comfort, convenience, safety, welfare and prosperity of the residents of the city as deemed by reasonable person are prohibited.

All trash must be taken out of the unit upon leaving.

Please see your Residential Lease for more rules and restrictions.

655 Hernando St.

Ft. Pierce, Florida 34949

Property Manager information :

Mary Shepard 772-579-8482

1565 Thumb Point Dr. Ft. Pierce, Florida 34949

Mary Shepard is a retired Real Estate Agent and lives two blocks from this Townhome.

She is responsible for collecting rent, appliance repairs and making sure that anyone who stays follows the rules and regulations of The City of Ft. Pierce and the rules that I have in place also.

She has lived on the Island for over 40 years and loves this Island more than anyone I know.

I am very lucky to have her.