



THE SUNRISE CITY
FORT PIERCE
 CODE ENFORCEMENT
Florida

**REQUEST FOR A REDUCTION OR RESCINDMENT OF
 CODE ENFORCEMENT FINES (MASSEY CASE)**

Date:	11/24/2017				
Property address:	1204 N 25th St, FORT PIERCE, FL 34950				
Owner(s) of record:	DAVID EDWARDS / WALFORD CAMPBELL / LEROY CAMPBELL				
Mailing address:	1880 NW 140th TER, PEMBROKE PINES, FL 33028				
Property tax ID #:	2404 - 702 - 0047 - 000/2				
Original purchase date:	12-19-2016	Original purchase price:	\$35,000.00		
Property is used for:	<input type="checkbox"/> Single Family	<input checked="" type="checkbox"/> Multi-family	<input type="checkbox"/> Commercial	<input type="checkbox"/> Industrial	<input type="checkbox"/> Vacant Lot
Name of person requesting reduction:	DAVID EDWARDS		Relationship to owner(s):	OWNER	
Telephone #:	954 701 4746		Mobile phone #:	954 701 4746	
E-mail:	david_edwards20@hotmail.com		Preferred contact method:	EMAIL	
What are owner(s) intentions for property:	RESIDING IN PROPERTY				
Are there current code violations?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	Explain: (please attached notice)		
Is property listed for sale?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	If yes, what is listing price?		
Is property under contract for sale?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	If yes, what is the sale price?		

AMOUNT OF FINE \$ 39,230.00
 DOLLAR AMOUNT REQUESTING TO BE WAIVED \$ 39,230.00
 DOLLAR AMOUNT I AGREE TO PAY \$ 0

[Signature] 11/24/17 DAVID EDWARDS
 Signature of Owner or Representative Date Printed Name



REQUEST FOR REDUCTION OF PENALTY

By completing this form, you are making statements under oath. Failure to be truthful is a violation of Fort Pierce City Code and Florida Statutes pertaining to perjury, which is a felony punishable by up to fifteen (15) years imprisonment.

INSTRUCTIONS:

1. Please fill in blanks completely.
2. Be specific when writing your statement. Use additional pages if necessary.
3. If you are claiming medical or financial hardship, attach supporting documentation (i.e. doctor's statement or proof of income).
4. Complete the appropriate application for lien reduction / rescindment.
5. For lot clearing or demolition liens, contact Kathy D'Arton in the Finance Department (772-467-3076) for cost / fees breakdown.
6. For code enforcement liens (those imposed by a Special Magistrate or Code Enforcement Board), contact Colleen Greer (772-467-3149) for cost / fees breakdown.
7. If you do not have access to a Notary Public, one will be provided to you by the Department at no charge. All forms must be signed in the presence of the Notary to be valid.
8. Return this form, the application and any other pertinent documentation to the Code Enforcement Department.
9. Requests for Reduction / Rescindment of code enforcement liens are governed by Rule 17 of the City's Rules & Regulation for Code Enforcement Board and Special Magistrate.

Property Address: 1204 N 25th St, Fort Pierce, FL 34950
Property Owner: DAVID EDWARDS / WALFORD CAMPBELL / LEROY CAMPBELL
Mailing Address: 1880 NW 140th TER, PEMBROKE PINES, FL 33028
Telephone #: 954-701-4746 Cell Phone #: 954-701-4746
E-Mail Address: David.edwards2@hotmail.com

Is the property in compliance? YES If no, please explain in the narrative of your request.

I, DAVID EDWARDS, do hereby submit this Petition in request for a reduction in the total amount of the penalty imposed and in support offer the following statement:

SM CASE # 15-0643:

We Purchased the property (1204 N 25th St) on 12/19/17 for \$35,000.00 and back taxes of \$17,142.70 were paid off based on the proceeds of the sale. Case # 15-0643 was bought against the previous owner Kenneth L. Drummond. We worked with the Code Enforcement and Permitting departments to resolve all of the Compliance issues within the timeframe agreed upon. Based on the above and working with the City of Fort Pierce once we purchased the property in a timely manner to address Case # 15-0643 we would like and request that the penalties imposed be rescinded.

Signed: _____

Date: 11/26/17

Print Name: _____

DAVID EDWARDS

STATE OF FLORIDA

COUNTY OF ST. LUCIE

PERSONALLY APPEARED before me, the undersigned authority

David Edwards who acknowledged before me that the information contained herein is true and correct. He or She is / is not personally known to me and has produced FL Drivers License as identification.

SWORN TO AND SUBSCRIBED before me this 26th day of November, 2017.

Notary Public, State of Florida



TAMA BLOOMFIELD
Commission # GG 114960
Expires June 14, 2021
Bonded thru Budget Notary Services