



THE SUNRISE CITY  
CITY CLERK'S OFFICE

# FORT PIERCE

Florida

*Notice of Hearing*

March 6, 2018

CERTIFIED MAIL - RETURN RECEIPT REQUESTED  
AND FIRST CLASS REGULAR MAIL

LEROY CHAVIS (EST)  
1230 AVENUE I  
FT PIERCE, FL, 34950

Dear Interested Parties:

Pursuant to Resolution 18-R10, certified copy enclosed, there will be a Public Hearing before the City Commission of the City of Fort Pierce, Florida, at their meeting which begins at 6:30 p.m. on Monday, March 19, 2018 in the City Hall Commission Chambers, 100 North U.S. #1, Fort Pierce, Florida, allowing interested parties to show cause as to why the building or structure located at 426 N 10<sup>th</sup> Street should not be condemned and its removal or destruction required. (Parcel ID 2410-601-0007-000/9).

All interested parties are invited to attend this meeting and be heard.

Very truly yours,

Linda W. Cox  
City Clerk

cc: Peggy Arraiz, Code Compliance Manager

100 NORTH US 1, FORT PIERCE, FL 34950  
U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only. No Insurance Coverage Provided)*  
For delivery information visit our website at www.usps.com

**SENDER: COMPLETE THIS SECTION**

- 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.

1. Article Addressed to:  
**Leroy Chavis (EST)**  
1230 Avenue I  
Fort Pierce, FL 34950

2. Article Number (Transfer from service label)  
7002 2030 0003 2446 9752

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *Linda W. Cox*  Agent

B. Received by (Printed Name) *Linda W. Cox*  Addressee

C. Date of Delivery \_\_\_\_\_

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Insured Mail	
<input type="checkbox"/> Insured Mail Restricted Delivery	

Domestic Return Receipt

Postage \$ \_\_\_\_\_

Certified Fee \$ \_\_\_\_\_

Return Receipt Fee (Endorsement Required) \$ \_\_\_\_\_

Restricted Delivery Fee (Endorsement Required) \$ \_\_\_\_\_

Total Postage & Fees \$ \_\_\_\_\_

Postmark Here \_\_\_\_\_

Sent To  
**Leroy Chavis (EST)**  
1230 Avenue I  
Fort Pierce, FL 34950

Street, Apt. No., or PO Box No.  
City, State, ZIP+4

PS Form 3800, June 2002 See Reverse for Instructions

7002 2030 0003 2446 9752