

THE SUNRISE CITY
FORT PIERCE
 CODE ENFORCEMENT
Florida

REQUEST FOR A REDUCTION OR RESCINDMENT OF
 LOT CLEARING OR DEMOLITION LIEN

Date:	10/29/2018		
Property address:	811 Ave C		
Owner(s) of record:	MT. OLIVE MISSIONARY BAPTIST CHURCH INC.		
Mailing address:	P.O. Box 3863		
Property tax ID #:	241060400300008		
Original purchase date:		Original purchase price:	
Property is used for:	<input type="checkbox"/> Single Family	<input type="checkbox"/> Multi-family	<input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input checked="" type="checkbox"/> Vacant Lot
Name of person requesting reduction:	James A. Edwards	Relationship to owner(s)	Chairman of the Trustee Board
Telephone #:	772-480-3565	Mobile phone #:	772-480-3565
E-mail:	huni222@3.mc@gmail.com	Preferred contact method:	Mobile Phone
What are owner(s) intentions for property:	Sell		
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?

City incurred charges (lot clearing, demolition, etc)	\$ 9500.00
Administrative fees	\$ 100.00
Interest	\$ 10128.00
Penalties	\$ 2025.60
TOTAL AMOUNT DUE TO CITY	\$ 21,753.60
DOLLAR AMOUNT REQUESTING TO BE WAIVED	\$ 12,253.60
DOLLAR AMOUNT I AGREE TO PAY	\$ 9500.00

James Edwards for 10/29/18
 Signature of Owner or Representative Date
 MT. OLIVE MISSIONARY BAPTIST CHURCH INC.

JAMES EDWARDS FOR
 Printed Name
 MT. OLIVE MISSIONARY BAPTIST CHURCH INC.



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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:

311 Ave. C, Ft. Pierce, FL 34950

Property Owner:

MT Olive Missionary Baptist Church Inc.

Mailing Address:

P.O. Box 3863

Telephone #:

Cell Phone #:

772-480-3565

E-Mail Address:

hun122363.me@gmail.com

Is the property in compliance? Yes

If no, please explain in the narrative of your request.

I, James A. Edwards on behalf of ^{→ Mt. Olive Missionary Baptist Church.}, 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:

We, the members of Mt. Olive Missionary Baptist Church are requesting the liens be removed or reduced from our property located at 811 Ave C. Fort Pierce.

Mt. Olive has been a beacon in this community for over 116 years and we have provided food clothing and shelter for the needy families in our community. We purchased this property with the hope of caring out the Lord's work by providing low-income housing for our senior citizens within the congregation. However due to the liens that we did not become aware of until after the purchase of the property we were not able to move forward without plans. We are asking for your help with the removal and or reduction of these liens. We are thankful for your consideration. *Prayerfully Submitted*

Date: 10/30/18

Signed: James A Edwards

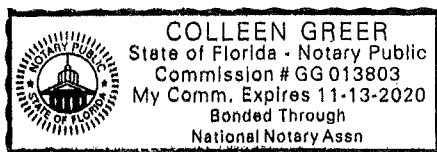
Print Name: James A Edwards

STATE OF FLORIDA

COUNTY OF ST. LUCIE

PERSONALLY APPEARED before me, the undersigned authority James A 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 DL License as identification.

SWORN TO AND SUBSCRIBED before me this 30th day of October, 2018.



Colleen Greer
Notary Public, State of Florida

OWNER / REPRESENTATIVE REQUEST TO PROCESS APPLICATION

Property Address:	
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I acknowledge that I have been provided a copy of Rule 17 of the Rules of Procedure for the City of Fort Pierce Code Enforcement Board and Special Magistrates and that I have read the rules and being advised as such make the following request:

I am requesting that my application for lien reduction be processed administratively through the Rules of Procedure Sec. 17(h), I understand the requirements to be met and that I waive my right to a hearing before either the Special Magistrate or Code Enforcement Board.

I am requesting that my application for lien reduction be considered and a determination made by the City Commission of the City of Fort Pierce.

James Edwards for
Signature of Owner or Representative, Date
MT. Olive Missionary
BAPTIST Church Inc

James A. Edwards
Printed Name

COFP - APPLICATION PROCESS DETERMINATION

Staff has reviewed the request for lien reduction and agrees to process the application as requested by the signing party.

Staff has reviewed the request for lien reduction and do not agree to process the application as requested by the signing party. The matter will be placed before the City Commission for final determination.

Margaret M. Annuz 10/30/18
City Representative Date

Margaret M. Annuz
Printed Name