




THE SUNRISE CITY
FORT PIERCE
GRANTS ADMINISTRATION
DIVISION *Florida*



To: Nick Mimms, P.E., City Manager
From: Caleta Scott, Manager, Grants Administration Division 
Thru: Johnna Morris, Director of Finance
RE: WAY TO GROW, Lincoln Park! – 1807 Avenue D; Bo's Crab Shack
FINAL GRANT REVIEW
Date: March 1, 2021

Please review the final grant award details for 1807 Avenue D, for \$5,000. An invoice is attached for your reference.

This payment is covered under the 2018-19 CDBG allocation for "Neighborhood Revitalization; Commercial Façade Grants".

Funding Source	Account	Amount
CDBG	103-9002-554.83-41	\$5000.00

GRANT AWARD(S): **\$5,000.00**

GRANT RECIPIENT: **SHARON ROBINSON, OWNER, 1807 AVENUE D
BO'S CRAB SHACK**

This approved review will accompany all Finance Department requisition processing.

Thank you.



THE SUNRISE CITY
FORT PIERCE
GRANTS ADMINISTRATION
DIVISION *Florida*

EXHIBIT "A"

**WAY TO GROW, Lincoln Park!
Historic Avenue D Business District
Small Business Startup/Relocation Grant Program
TOTAL INVOICE**

GRANT RECIPIENT: 1807 AVENUE D, Sharon Robinson, Owner

GRANT AWARD(S):

Amount: **\$ 5000.00**

Description: Exterior improvements: new exterior seating and lighting

MAKE CHECK PAYABLE TO: TBD – Quotes pending

TOTAL AMOUNT DUE: \$5,000.00

MAKE CHECK PAYABLE TO:

**FINANCE DEPARTMENT:
PLEASE HOLD CHECK FOR GAD STAFF PICK UP**

Thank you,

**Caleta Scott
Manager, Grants Administration Division**

AGREEMENT

THIS AGREEMENT made and entered into this ____ day of _____, 2020, by and between the **CITY OF FORT PIERCE**, hereinafter referred to as the “**Grantor**” and **SHARON ROBINSON**, hereinafter referred to as the “**Recipient**”.

WITNESSTH

WHEREAS, Recipient is in the process of remodeling the commercial property located at **1807 AVENUE D, FORT PIERCE, FLORIDA 34950**; rehabilitating a structure that was previously in a serious state of blight and decay; and

WHEREAS, the Grantor has approved the granting of available Community Development Block Grant (CDBG) funds, not to exceed the amount of **\$5,000.00 (Five Thousand Dollars)**; and

WHEREAS, the Grantor has determined that a valid public purpose will be served, and it is in the best interest of Fort Pierce to support commercial rehabilitation, neighborhood revitalization and job creation; and

WHEREAS, Recipient warrants and represents he/she is the current legal owner of **1807 AVENUE D, FORT PIERCE, FLORIDA 34950**, further described as Parcel Identification Number **2409-603-0057-000-6** in the records of the St. Lucie County Tax Assessor, and possesses legal authority to enter into this Agreement; and

NOW, THEREFORE, the parties do hereby agree as follows:

1. This specific grant is for rehabilitation and improvements of real property owned by the Recipient. The specific rehabilitative building improvements to be provided, including intended or anticipated uses for the Grant funds by Recipient are set forth in Exhibit “A” to this Agreement.
2. The requirements for approval and reimbursement of expenditures of Grant funds contemplated by this Agreement are set forth in Exhibit “B” of this Agreement.
3. This Agreement shall take effect on the date executed by the Grantor and shall conclude on or before December 31, 2021.
4. Grantor agrees to reimburse 100%, upon submission of approved invoices, as specified in the Agreement and Exhibits thereto, up to the agreed amount of **\$5,000.00 (Five Thousand Dollars)**, to be submitted by Recipient for review and consideration by Grantor no later than **September 30, 2021**, within the stated term

of this Agreement. Recipient agrees to submit invoices and proof of payment to the Grantor for payment of approved expenditures covered by this Agreement and schedule time for City Staff to inspect performed work.

5. All funds from Grantor to Recipient are being donated under the terms of this Agreement shall be used solely for the purpose of those specified in Exhibit A. Recipient shall not use Grant funds provided herein for political activities, sectarian or religious activities, or lobbying activities. Recipient shall not claim reimbursement for any portion of its obligations which it has been paid by another source of revenue.
6. Publications, press releases, media productions, etc., produced by the Recipient shall include the following statement:

**Sponsored in part by a grant award from the City of Fort Pierce's
Historic Avenue D Business District Commercial Façade
Improvement Program.**

7. **Davis Bacon Requirements.** The Davis-Bacon and related Acts (DBRA) require that contractors and subcontractors pay laborers and mechanics employed on the project jobsite not less than the prevailing wage rates (including fringe benefits) listed in the contract's Davis-Bacon wage determination for corresponding classes of laborers and mechanics. All contractors and sub-contractors performing tasks related to this commercial façade grant are required to submit completed Davis Bacon documentation for each payroll provided during the course of this project.
8. Recipient agrees to submit to Grantor written progress/status reports, through the City Grants Administrator, on a monthly basis, including, but not limited to such reports which provide a detailed and itemized list of all expenditures for the project.
9. The Recipient agrees to keep all necessary books and records, including property, personnel and financial records, in connection with the rehabilitation services performed under this Agreement, and shall further document all transactions so that all expenditures may be properly audited. Recipient expressly agrees that funds received by it through this Agreement shall not be used for any purpose outside the scope defined in this Agreement except that the parties may jointly agree in writing hereinafter to such further uses for the funds as may be necessary to accomplish goals and objectives contemplated under this grant. Recipients, shall retain all project records, books, papers, receipts, and documents for a period of not less than five (5) years after the project terminates and grants the Grantor, at its election, the option of retaining upon completion of the work such records as it might deem appropriate to hold in public custody of the Grantor.
10. The Recipient agrees that the Grantor or any authorized representative may have

access to and the right to examine all records, books, papers, receipts, or documents related to the grant or the Recipient's programs benefited by the grant and the Recipient warrants that all such project records, books, papers and documents will be retained for a period of not less than five (5) years after the project terminates.

11. The Recipient agrees to obtain all necessary permits for intended improvements or activities within the scope of funding provided for by this Agreement.
12. The Grantor shall not be responsible or liable for any debts, actions, obligations, negligence or liabilities committed by or incurred by the Recipient, its staff or clientele.
13. Recipient hereby agrees to defend, hold harmless, and indemnify the Grantor, its' agents, servants, and employees from and against any and all claims, liabilities for debts, losses obligations, or causes of action which may arise from any negligent or intentional misconduct, act or omission of the Recipient, its agents, servants, or employees in the performance of any services contemplated under this agreement.
14. No payment, however, final or otherwise, shall operate to release the Recipient from any obligations under this Agreement.
15. Nothing contained in this Agreement is intended to, nor shall it be construed in any manner to create or establish an employer-employee relationship, joint venture, partnership, or any other legal relationship between the parties, nor shall any employee or agent of the Recipient by virtue of this Agreement be an employee of the Grantor for any purpose whatsoever, nor shall any employee or agent of the Recipient be entitled to any of the rights, privileges or benefits of Grantor's employees. The Recipient shall be deemed at all times an independent contractor and shall be wholly responsible for the manner in which it performs the services required of it by the terms of this Agreement. The Recipient assumes exclusively the responsibility for the acts of its employees or agents as they relate to the services to be provided during the course and scope of their employment. Under no circumstances shall the Grantor be deemed a contractor, employer or project owner for purposes of Florida Statutes § 440.10.
16. The Recipient shall maintain at all times a general policy or policies of insurance so as to insure the work in progress, including coverage for public liability, fire, flood, worker's compensation and comprehensive loss.
17. The obligations of the Grantor under this Agreement are subject to the availability of funds lawfully appropriated for its purposes by the Grantor, as well as Recipient's compliance with any conditions and terms imposed herein.
18. The Recipient warrants and represents they possess the authority to enter into this

Agreement, that there are no restrictions or prohibitions contained in any Article of Incorporation or By-laws against entering into this Agreement, and that it possesses the authority and ability to undertake all obligations required of them in this Agreement.

19. The Grantor reserves the right to terminate this Agreement or to reduce the contract funding provided for herein, or to obtain reimbursement of monies previously paid if the Recipient:
- a. Fails to file required reports; or
 - b. Materially fails to comply with any provision of this Agreement; or
 - c. Expends funds under this Agreement for activities, services, or items outside the scope of what is provided for herein.

In the event Grantor terminates this Agreement, the Recipient shall be required to return all funds not used as of the date of termination.

20. Any notice, request, demand, or other communication required or permitted by this Agreement shall be made in writing and shall be provided by any of the following methods and to the following parties and locations:
- a. Hand delivery
 - b. Mailed registered or certified mail, return receipt requested.

GRANTOR:

City of Fort Pierce
PO Box 1480
Fort Pierce, FL 34954

COPIES TO:

Grants Administration Division
100 North U.S. Hwy. 1
Fort Pierce, FL 34950

RECIPIENT:

Name: SHARON ROBINSON

Address: 1807 AVENUE D, FORT PIERCE, FLORIDA 34950

21. This Agreement shall be governed by the laws of the State of Florida and venue shall be in St. Lucie County, Florida.
22. Each and every provision of law and clause required by law to be inserted in this Agreement shall be deemed to be inserted herein and if through mistake or otherwise any such provision is not inserted or is not correctly inserted, then upon the application of either party this Agreement shall forthwith be physically amended to make such insertion or correction.
23. Recipient warrants and represents that all of its employees are treated equally during employment without regard to race, creed, religion, color, age, sex, family status, national origin or handicap. Recipient warrants and represents that they

shall not deny assistance to exclude any person from participation any person or entity based on race, creed, religion, color, age, sex, family status, national origin or handicap.

24. Recipient warrants that it will establish and adopt policies and safeguards to prohibit members, officers, and employees from using positions for a purpose that is or gives the appearance of being motivated by a desire for private gain, whether for themselves or those with whom they have business, family, or other ties.
25. This Agreement incorporates and includes all prior negotiations, correspondence, conversations, agreements, and understandings applicable to the matters contained herein and the parties agree that there are no commitments, agreements, or understandings concerning the subject matter in this Agreement that are not contained in this Agreement. Accordingly it is agreed that no deviation from the terms herein shall be allowed. Any modification or alteration of this Agreement shall be by written document executed with the formality and of equal dignity herewith.
26. Without the written consent of the Grantor, this Agreement is not assignable by Recipient.
27. If any term or provision herein or the application thereof shall be held invalid or unenforceable as to any person or circumstance, then the application of such term or provision to other persons or circumstances shall not be affected, and every other term and provision of this Agreement shall be deemed valid and enforceable to the extent permitted by law.

IN WITNESS WHEREOF, the Grantor and the Recipient have executed this Agreement as of the date first about written.

CITY OF FORT PIERCE, FLORIDA

Grantor:

Attestation:

By: _____
Linda Hudson
Mayor

By: _____
Linda Cox
City Clerk

Approved as to form and correctness:

Pete Sweeney
City Attorney

Recipient: _____

By: _____

Signature of Person Eligible to Sign on Behalf of Business

EXHIBIT A

1. This Historic Avenue D Business District Commercial Façade Improvement Grant Award to **SHARON ROBINSON** is for the renovation of property located at **1807 AVENUE D, FORT PIERCE, FLORIDA 34950**. This grant will provide funds to assist with property improvements, including landscaping, fencing, signage, as submitted in the attached grant application.

2. The Recipient will provide to the Grantor proof of the following prior to receiving reimbursement payment(s):
 - a. Copies of all invoices and proof of payment for purchases associated with this award;
 - b. Inspection of project by City Staff; and
 - c. Monthly Progress Reports.

3. The Recipient will include language in any contract and subcontract to contractually commit each agent, contractor and sub grantee to compliance with this agreement.

4. If, at any time, the Recipient is unable to comply with any provision of this agreement, the Grantor shall be notified immediately.

5. Funds awarded under this grant contract must be expended by September 30, 2021. Expended means the purchases identified herein have been fulfilled, as evidenced by documentation of final payment to Recipient by Grantor.

APPROVED GRANT AWARD \$5,000.00

In order to ensure expenditure of funds, Recipient will provide to the Grantor no less than a monthly status report on the progress of the project(s).

Exhibit B

Commercial Façade Grant
Award Disbursement Schedule

X Funds shall be disbursed upon receipt of invoice(s) for services or materials, proof of payment of said invoice(s) and visual inspection of materials and/or work performed by City Staff.



Application Date: JAN 28 2021

Received by City: (Date/Time): Grants Administration
Do not write in this space

Received by (City Staff Name): _____
Do not write in this space

W
1/28/21
3:00PM

PLEASE READ THIS ENTIRE DOCUMENT BEFORE BEGINNING.

HISTORIC AVENUE D BUSINESS DISTRICT

COMMERCIAL FAÇADE GRANT

APPLICATION

The City of Fort Pierce is excited to provide this grant opportunity to commercial property owners for façade improvements for qualifying commercial properties located in the Historic Avenue D Business District Target Area, for qualifying façade improvements, up to \$5,000. Please see Target Area Map on page 2.

=====

COMMERCIAL PROPERTY ADDRESS: 1807 Avenue D

AMOUNT OF COMMERCIAL FAÇADE GRANT REQUEST: \$ 5000.00

=====

PROPERTY OWNER INFORMATION (as listed with St. Lucie County Property Appraiser)

Name of Property Owner/Grant Applicant: Sharon Robinson

Mailing Address: (address, city, state, zip code)

Telephone: 305-747-4808 Email: Bosfreshseafood15@gmail.com

CONTACT INFORMATION If we have questions regarding this application, who shall we contact?

Name: Sharon Robinson

Telephone: 305-747-4808 Email: Bosfreshseafood15@gmail.com

**HISTORIC AVENUE D BUSINESS DISTRICT
COMMERCIAL FAÇADE GRANT APPLICATION (continued)**

Are there presently Code Violations registered against this property? __Yes No

If yes, describe and/or attach documentation:

GENERAL INFORMATION:

1. Is the application for a single- or multi-tenant commercial structure?

Single-tenant __Multi-tenant

2. Is the building occupied or vacant? Occupied __Vacant

3. If occupied, provide the name of the business(s) and the business type(s) and a copy of the lease agreement(s):

4. If vacant, does the building currently meet all local and state code requirements? Yes __No

5. If No, will you be making improvements concurrently with your façade grant improvements so that the building meets all local and state code requirements? __Yes No

6. If vacant, please describe your plans for this building: _____

Please Note the Following: Vacant commercial buildings are eligible for this grant program, as long as owners intend to re-activate the building within 90 days of the completion of the commercial façade improvements, with a predominantly commercial use.

Owners should provide proof of tenant agreements if a specific tenant is scheduled to occupy the space.

If no tenant is scheduled to occupy the space at the time of application, the owner must provide proof that the property is in habitable condition as defined by the City's Building Code, or that it will be made to be in habitable condition via a rehabilitation project that will coincide with the façade grant project. **Please see the Grant Guidance, page 3, #G.**

**HISTORIC AVENUE D BUSINESS DISTRICT
COMMERCIAL FAÇADE GRANT APPLICATION (continued)**

PAST GRANT INFORMATION

Has the City of Fort Pierce or the Fort Pierce Redevelopment Agency ever provided a Commercial Façade Grant or any other funding for this property?

If Yes, please explain listing the year(s) and amount(s) of the grant award(s):

Yes No Unknown

PROJECT INFORMATION

1. Scope of Work and Cost Estimates:

A detailed Scope of Work must be included for the application to be complete. It must adequately describe the work to be done, services needed, products required to complete the façade grant project and timeline for each improvement.

At least one (1) professional cost estimate (preferably 2) must also be included for the application to be complete. The estimate must be on contractor's letterhead with contractor contact information and adequately estimate the price of the work to be done and all of the materials/products required in completing the façade grant project.

2. After obtaining a signed Grant Contractual Agreement, how long do you estimate it will it take for you to start construction? 1 month
3. How long do you expect it to take to complete your project? 2 weeks
4. Estimated Total Project Cost per lowest cost estimate (Façade Grant-eligible improvements only): \$ 4500.00
7. Are you undertaking additional improvements at this time which are not Façade Grant eligible? Yes No

If Yes, what is the estimated cost of these improvements: \$ _____

Please describe these improvements (attach additional pages, if necessary):

8. Will you complete these façade improvements if none or only a portion of this grant request is awarded? Yes No Please explain your Yes or No answer:

My plans is to continue this project on the outside of my

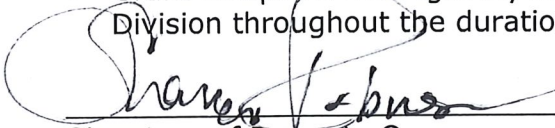
9. In the last year, have you made improvements to the façade, site, or interior of this Business property? Yes No

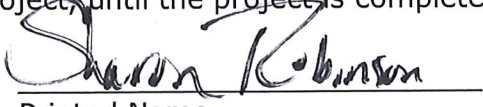
If **Yes**, estimate the total cost of these improvements: \$ 3000.00

**HISTORIC AVENUE D BUSINESS DISTRICT
COMMERCIAL FAÇADE GRANT APPLICATION (continued)**

I acknowledge the following:

- ✓ All statements provided in the application are true and any misrepresentation will void any subsequent Grant Contractual Agreement and or/funding.
- ✓ The Commercial Façade Grant will be used for the project described in this application. A Grant Contractual Agreement must be signed before entering into any contracts, purchasing any materials, or performing any work included in the façade grant project. I understand that failure to comply with the Grant Contractual Agreement may result in forfeiting the grant award.
- ✓ The City of Fort Pierce or the Grants Administration Division is obligated only to administer the grant procedures and is not liable to the applicant, owner, or third parties for any obligations or claims of any nature growing out of, arising out of, or otherwise related to the project or application undertaken by the applicant and/or owner. Additionally, all required permits are the responsibility of the owner/applicant.
- ✓ Acceptable proofs of payment of an eligible invoice include: 1 - A copy of the front and back of a cancelled check to the vendor/contractor containing the vendor/contractor's name, the date the payment was made, the amount paid, a memo line stating what the payment is purchasing, and a signature of the property owner and a receipt on vendor/contractor letterhead with contact information for the vendor/contractor; or 2 - A credit card statement showing the facade grant eligible charges and a paid receipt on vendor/contractor letterhead with contact information for the vendor/contractor.
- ✓ Any unapproved changes to project plans as stated in the approved Scope of Work could void the grant and result in non-payment of funds. If changes to the Scope of Work are necessary, it is the responsibility of the Grant Recipient to immediately contact the Lincoln Park Revitalization Coordinator in writing for additional project review and written approval before continuing with the project.
- ✓ Funding awards will not be increased after notification of the initial award.
- ✓ Grant Recipient will regularly submit monthly progress reports to the Grants Administration Division throughout the duration of project, until the project is completed.


Signature of Property Owner


Printed Name

1-20-21
Date

Signature of Property Owner

Printed Name

Date

CAUTION - PLEASE READ

Project improvements that are part of this Commercial Façade Grant application shall not be started prior to the applicant having a signed Grant Contractual Agreement. This includes entering into any agreements or contracts with contractors or purchasing materials for these improvements. Starting the project prior to having a signed Grant Contractual Agreement with the City will result in a loss of awarded grant funds.

**HISTORIC AVENUE D BUSINESS DISTRICT
COMMERCIAL FAÇADE GRANT APPLICATION (continued)**

APPLICATION CHECKLIST

- SR A detailed Scope of Work, which must include all work proposed in the Façade Grant project, including the materials/products to be used.
- SR At least one, preferably two cost estimates for work to be performed and list of materials/products needed - on contractor letterhead with contractor contact information.
- SR Current photograph(s) of the property showing the façades of the building to be improved.
- SR Clear notations made on photographs of the building(s), and/or notations made on separate drawings, illustrating the areas or features of the building that will be improved. Describe in detail the building materials, doors, awnings, landscaping and other features that will be part of the project.
- SR Landscape plans showing proposed plant names/species, size of plants at time of planting and placement of each proposed plant on the site, if needed.
- SR Parking lot plans and/or sketches plans/site plans showing property boundaries, parking spaces (existing and proposed) and other pertinent information, if needed.
- SR A written explanation of the project and the improvements proposed, along with a written overview of the business currently in operation in the building to be improved, if applicable.

If the property is currently uninhabited, please see Page 3, #G in the Grant Guidance for instruction.
- SR Printout from St. Lucie County Property Appraiser's office showing property zoning and proof of ownership of this property.
- SR Property Owner, as listed with St. Lucie County Property Appraiser's office notarized signature on this application.
- SR Proof that property taxes are up to date (not delinquent).

DO NOT INCLUDE:

Staples or Binding. Please use clips or rubber bands only.

**HISTORIC AVENUE D BUSINESS DISTRICT
COMMERCIAL FAÇADE GRANT APPLICATION (continued)**

LEGAL AUTHORIZATION FROM THE OWNER OF COMMERCIAL BUILDING

As the legal owner(s) of the property listed in this Commercial Façade Grant application, I/we hereby authorize completion of the façade improvements indicated in this application. My/Our proof of ownership is attached, along with proof that the taxes on this property are not delinquent.

Signature(s) of Owner(s) of Commercial Building Must Be Notarized (use additional pages if necessary)

Property Owner:

[Signature]
Signature

Today's Date: 1-20-2021

Sharon Robinson
Print Name Here

Telephone Number: 305-747-4808

Email: BDSfresh.seafordis@gmail.com

NOTARY STATE OF FLORIDA, COUNTY OF ST. LUCIE

BEFORE ME, an officer duly authorized by law to administer oaths and take acknowledgements, personally appeared _____, who is personally known to me or produced _____, as identification, and acknowledged he/she executed the forgoing Agreement for the use and purposes mentioned in it and that the instrument is his/her act and deed.

IN WITNESS OF THE FORGOING, I have set my hand and official seal in the State and County aforesaid in this _____ day of _____, 20____.

NOTARY PUBLIC _____ My Commission Expires: _____

Property Owner:

Today's Date: _____

Signature

Print Name Here

Telephone Number: _____

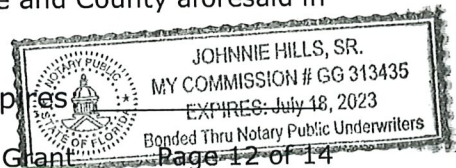
Email: _____

NOTARY STATE OF FLORIDA, COUNTY OF ST. LUCIE

BEFORE ME, an officer duly authorized by law to administer oaths and take acknowledgements, personally appeared Sharon Robinson, who is personally known to me or produced _____, as identification, and acknowledged he/she executed the forgoing Agreement for the use and purposes mentioned in it and that the instrument is his/her act and deed.

IN WITNESS OF THE FORGOING, I have set my hand and official seal in the State and County aforesaid in this 20 day of JANUARY, 2021.

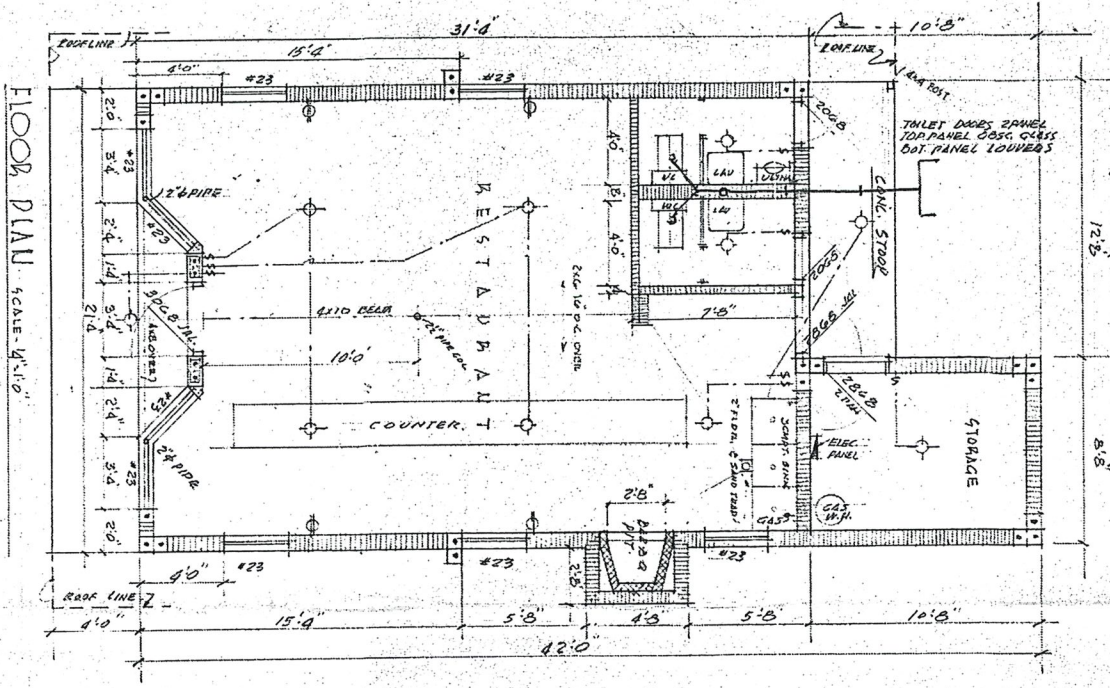
NOTARY PUBLIC Johnnie Hills My Commission Expires _____



City of Fort Pierce

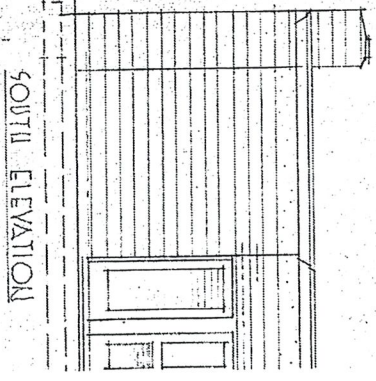
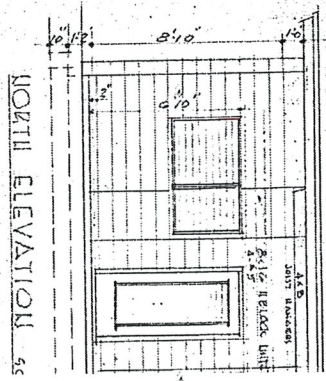
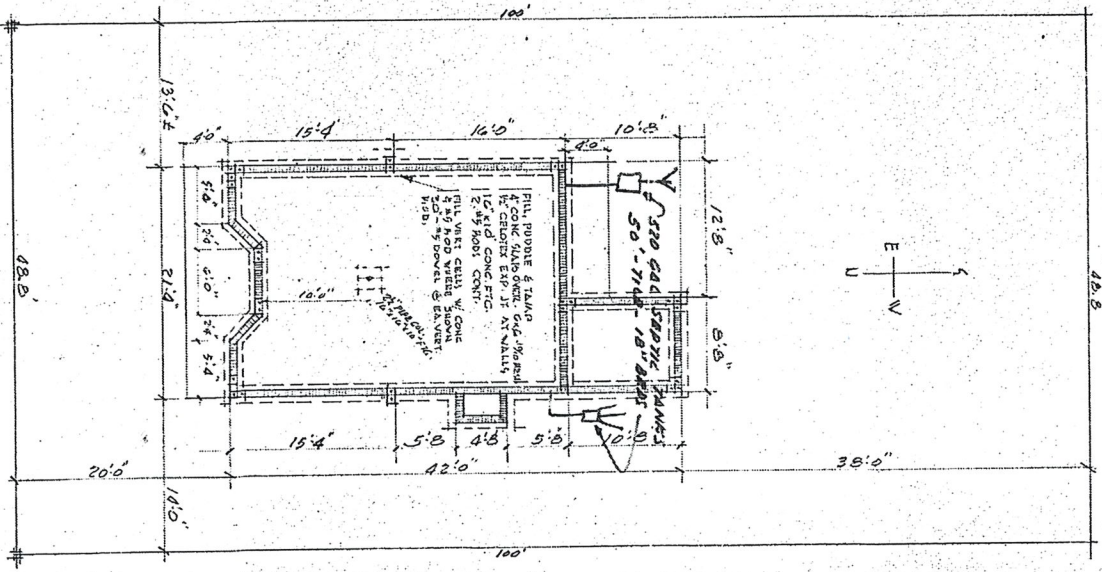
Historic Avenue D Business District Commercial Façade Grant

Page 12 of 14



FLOOR PLAN SCALE 1/4"=1'-0"

LOT 3 BLOCK 10 ALHAMBRA VISTA SUB. FT. PIERCE, FLA.
 AVENUE D
 PLOT PLAN & FOUNDATION - 1/8"=1'-0"





CHRIS CRAFT Serving Our Neighbors
TAX COLLECTOR
 ST. LUCIE COUNTY
 P.O. Box 308
 Fort Pierce, FL 34954-0308
 772-462-1650
 www.tcslc.com

**2019 REAL ESTATE
 NOTICE OF AD VALOREM TAXES AND NON-AD VALOREM ASSESSMENTS**

Skip the trip and pay at www.tcslc.com

- echeck (electronic payment from your checking account with no fee)
- Credit card (2.5% convenience fee applies)
- Print your receipt instantly online!

ACCOUNT

2409-603-0057-000/6

ESCROW

Sharon Robinson
 1807 Avenue D
 Fort Pierce, FL 34950-2743

1807 Avenue D, Fort Pierce
 REVISED PLAT OF ALAMANDA VISTA BLK O LOT
 3 (OR 4018-2483)

\$1,071.86

03/19/2020

Paid

RETAIN THIS PORTION FOR YOUR RECORDS

AD VALOREM TAXES						
TAXING AUTHORITY		MILLAGE RATE	ASSESSED VALUE	EXEMPTION AMOUNT	TAXABLE VALUE	TAXES LEVIED
County Parks MSTU	772-462-1670	0.2313	35,600	0	35,600	8.23
Co Public Transit MSTU	772-462-1670	0.1269	35,600	0	35,600	4.52
Erosion District E	772-462-1670	0.1497	35,600	0	35,600	5.33
Law Enf, Jail Judicial Sys	772-462-1670	3.2324	35,600	0	35,600	115.07
Co General Revenue Fund	772-462-1670	4.3077	35,600	0	35,600	153.35
Childrens Service Council	772-408-1100	0.4765	35,600	0	35,600	16.96
St Lucie Co Fire District	772-621-3338	3.0000	35,600	0	35,600	106.80
FL Inland Navigation Dist	561-627-3386	0.0320	35,600	0	35,600	1.14
City of Fort Pierce	772-467-3777	6.9000	35,600	0	35,600	245.64
School Discretionary	772-429-3970	0.7480	35,600	0	35,600	26.63
School Capital Improvemnt	772-429-3970	1.5000	35,600	0	35,600	53.40
School Req Local Effort	772-429-3970	3.8740	35,600	0	35,600	137.91
School Voter Referendum	772-429-3970	1.0000	35,600	0	35,600	35.60
Mosquito Control	772-462-1670	0.1806	35,600	0	35,600	6.43
S FL Wtr Mgmt District	561-686-8800	0.2795	35,600	0	35,600	9.95
MILLAGE CODE 9022		TOTAL MILLAGE 26.0386	TOTAL AD VALOREM TAXES		\$926.96	

eBill

Go paperless and receive your tax bill by email.

www.tcslc.com

NON-AD VALOREM ASSESSMENTS		
LEVYING AUTHORITY		AMOUNT
FP23 Fort Pierce Stormwater Mgmt Maint	772-467-3777	144.90
TOTAL ASSESSMENTS		\$144.90
COMBINED TAXES AND ASSESSMENTS		\$1,071.86

Scan to view your bill online

Pay One Amount (Discount Already Deducted)	If Postmarked By Please Pay	Mar 31, 2020	\$0.00			
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CHRIS CRAFT Serving Our Neighbors
TAX COLLECTOR
 ST. LUCIE COUNTY
 P.O. Box 308
 Fort Pierce, FL 34954-0308
 772-462-1650
 www.tcslc.com

2019 REAL ESTATE

ACCOUNT

2409-603-0057-000/6

Sharon Robinson
 1807 Avenue D
 Fort Pierce, FL 34950-2743

Pay online at www.tcslc.com

AMOUNT DUE

I am paying the following amount (check only one box):

Mar 31, 2020	\$0.00
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Checks payable to St. Lucie County Tax Collector
 U.S. funds only through U.S. bank
 No postdated checks - Print receipt online



CEMEX

CASH SALE RECEIPT

TREASURE COAST DISTRICT- WEST FORT PIERCE
6100 W MIDWAY RD, FORT PIERCE, FL 34981
PHONE 321-254-1701 FAX 321-242-8630

TODAYS DATE	01/25/21
DELIVERY DATE:	TBD
PAID @ PLANT:	1111
COM ORDER #	TBD

CASH:	_____
CHECK:	_____
C CARD:	_____
OTHER:	_____

CUSTOMER NAME: BO'S FRESH SEAFOOD	PHONE: 772-453-5405
DELIVERY ADD: 1807 AVE D, FT PIERCE, FL	SHARON ROBINSON

QTY			UNIT PRICE	AMOUNT
		2500 PSI REGULAR	\$116.45	\$ -
10.5		3000 PSI REGULAR	\$118.45	\$ 1,243.73
		4000 PSI REGULAR	\$139.00	\$ -
10.5		FIBER	\$5.00	\$ 52.50
1	1202749	ENVIRONMENTAL CHARGE-PER LOAD	\$25.00	\$ 25.00
1	1247818	ADJ FUEL SURCHARGE-PER LOAD	\$13.00	\$ 13.00
	1559148	SERV,PAYLOAD CHG 1-3 CY	\$ 250.00	\$ -
	1571252	SERV,PAYLOAD CHG 3.5-8 CY	\$ 150.00	\$ -
1	1586055	CONCRETE HANDLING FEE	\$ 10.00	\$ 10.00

	SUB TOTAL	\$ 1,344.23
TAX	7.00%	\$ 94.10
	TOTAL	\$ 1,438.32

SPECIAL NOTES: _____

CUSTOMER	CEMEX REP	MISTY HASTY
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** Customer must provide an area for Cemex to wash down truck once concrete has been dispensed. Thank you!

* All Cash Sales will be refunded in 30 days if delivery has not been made

* All sales final and subject to Cemex Standard Terms and Conditions.

TREASURE COAST DISTRICT 321-254-1701

Secure Checkout

Contact Update Your Info

Sharon Robinson

Sharob0321@gmail.com
(305) 747-4808



Home Depot will send you a text message when your order is ready for pickup. Message and data rates may apply and texts may be sent between the hours of [8:00 am and 9:00 pm]. Privacy Policy at www.homedepot.com/c/Privacy_Security. [Full terms](#)

Will someone else pick it up?

Store Pickup Location

Ft Pierce Store

Where would you like to pick up your items?

Your Order \$3,209.99

Pick Up In Store

See below for pick up availability.

FREE

Ft Pierce Store

5880 Okeechobee Rd, Fort Pierce, FL 34947 | (772)489-3688

Curbside Available



Alexander 12 ft. D x 10 ft. H x 20 ft. W Hardtop Double-Roof Aluminum Gazebo with Privacy Curtain and Mosquito Net

Qty : 1

Expected pick up by

Jan 26 - Jan 29

\$2999.99

Subtotal \$2,999.99

Pick Up In Store FREE

Estimated Sales Tax* \$210.00

Apply Tax Exempt ID

Total \$3,209.99

Have a promo code?

GET \$100 OFF* and pay \$3109.99 instead on your qualifying purchase, plus receive 6 months everyday financing** on purchases over \$299 when you open a new card.

WayFair

Checkout

Review Your Order

Secure Checkout [Back to Cart](#)

Shipping Address

Change

Sharon Robinson

1807 Avenue D, Fort Pierce, FL 34950-2743

3057474808

Delivery and Service



Get it between Sat, Jan 30 - Fri, Feb 5
FREE Inside Drop-Off (No Contact)

Payment Info

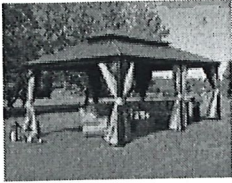


Buy with PayPal/PayPal Credit

By selecting "Continue", we'll use your saved PayPal preferences to place this order. If you'd like to edit your preferences - such as your billing info - you can also "Update How You'll Pay with PayPal."

Other Payment Methods

2 Items



Item Subtotal:\$2,869.99

Assembly:\$579.99

Shipping:FREE

\$241.50

Total:\$3,691.48

You Save:\$429.01

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