

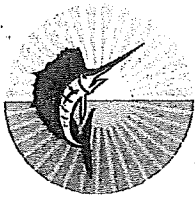
THE SUNRISE CITY
FORT PIERCE
 CODE ENFORCEMENT
Florida

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

Date:	1/21/21		
Property address:	3106 Avenue C Fort Pierce, FL 34950		
Owner(s) of record:	Tarpon IV, LLC 2 nd GENERATION BUILDING CORP		
Mailing address:	18305 Biscayne Blvd Ste 400 Aventura, FL 33160		
Property tax ID #:	2408-123-0014-000-7		
Original purchase date:	08/06/2010	Original purchase price:	NA
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:	Vincent Marcellino	Relationship to owner(s)	Buyer
Telephone #:	954-914-5090	Mobile phone #:	954-914-5090
E-mail:	NA	Preferred contact method:	Mobile
What are owner(s) intentions for property:	Build Duplex		
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 type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	If yes, what is the sale price? \$5,000

City incurred charges (lot clearing, demolition, etc) **16,052.44** *DEMO REDUCE REQ* \$21,346.60 *LC & DEMO COMBINED*
 Administrative fees \$ _____
 Interest \$ _____
 Penalties \$ _____
 TOTAL AMOUNT DUE TO CITY **16,052.44** \$21,346.60
 DOLLAR AMOUNT REQUESTING TO BE WAIVED **16,052.44** \$21,346.60
 DOLLAR AMOUNT I AGREE TO PAY *J* \$0

Vincent Marcellino 1-22-21 Vincent Marcellino
 Signature of Owner or Representative Date Printed Name



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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: 3106 Avenue C Fort pierce FL 34950
Property Owner: Tarpon IV, LLC
Mailing Address: 18305 Biscayne Blvd STE 400 Aventura FL 33160
Telephone #: N/A Cell Phone #: N/A
E-Mail Address: N/A
Is the property in compliance? YES If no, please explain in the narrative of your request.

I, Vincent Marcellino, 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:

I am continuing to buy distressed properties in Lincoln Park and the city of Fort Pierce, to improve the neighborhood. I plan to build duplexes to bring revenue to the area of Lincoln Park. I appreciate in advance any help in this matter.

Signed: 

Date: 1.21.21

Print Name: Vincent Marcellino

STATE OF FLORIDA

COUNTY OF ST. LUCIE

PERSONALLY APPEARED before me, the undersigned authority _____ 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 _____ as identification.

SWORN TO AND SUBSCRIBED before me this _____ day of _____, 20____.

Notary Public, State of Florida