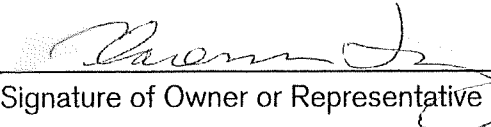


**REQUEST FOR A REDUCTION OR RESCINDMENT OF  
LOT CLEARING OR DEMOLITION LIEN**

Date:	6/28/21		
Property address:	0 Avenue H 24044420023010/4		
Owner(s) of record:	Clarence Ingram		
Mailing address:	2221 53rd St		
Property tax ID #:	24044420023010/4		
Original purchase date:	11/9/2018	Original purchase price:	Quit Claim
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:	1	Relationship to owner(s)	NA
Telephone #:	772-216-1542	Mobile phone #:	NA
E-mail:	NA	Preferred contact method:	NA
What are owner(s) intentions for property:	Liquidate		
Are there current code violations?	<input type="checkbox"/> No	<input checked="" 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?

City incurred charges (lot clearing, demolition, etc)	\$ 5130.40
Administrative fees	\$ 3820
Interest	\$ 11859.10
Penalties	\$ 2360.58
<b>TOTAL AMOUNT DUE TO CITY</b>	<b>\$ 23,170.08</b>
<b>DOLLAR AMOUNT REQUESTING TO BE WAIVED</b>	<b>\$ 23,170.08</b>
<b>DOLLAR AMOUNT I AGREE TO PAY</b>	<b>\$ 0</b>

 6/28/21  
Signature of Owner or Representative Date

Clarence Ingram  
Printed Name

OWNER / REPRESENTATIVE REQUEST TO PROCESS APPLICATION

Property Address: 0 Avenue H 24044420023010/4

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.



6/28/21

CLARENCE INGRAM

Signature of Owner or Representative

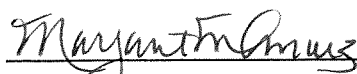
Date

Printed Name

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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.

\_\_\_\_\_  
  
City Representative

7/21/21  
Date

MARGARET M. ARRAIZ  
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: 0 Avenue H 24044420023010/4

Property Owner: CLARENCE INGRAM

Mailing Address: 2221 53RD

Telephone #: 772-216-1542 Cell Phone #: NA

E-Mail Address: NA

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

I, CLARENCE INGRAM, 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:

Im requesting assistance to bring property into  
code compliance.

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\_\_\_\_\_

Date: 6/28/21

Signed: *Clarence Ingram*

Print Name: Clarence Ingram

STATE OF FLORIDA

COUNTY OF ST. LUCIE

PERSONALLY APPEARED before me, the undersigned authority Clarence Ingram 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 Drivers license as identification.

SWORN TO AND SUBSCRIBED before me this 28 day of June, 2021.



*Ginger Williams*  
Notary Public, State of Florida