



THE SUNRISE CITY  
**FORT PIERCE**  
CODE ENFORCEMENT  
*Florida*

**RECEIVED**

JAN 26 2022

CITY OF FORT PIERCE  
COMMUNITY RESPONSE  
Code Enforcement &  
Animal Control

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

|                                            |                                        |                                         |                                                                                                                        |
|--------------------------------------------|----------------------------------------|-----------------------------------------|------------------------------------------------------------------------------------------------------------------------|
| Date:                                      | January 26, 2022                       |                                         |                                                                                                                        |
| Property address:                          | 712 Cedar Place Ft Pierce, FL 34950    |                                         |                                                                                                                        |
| Owner(s) of record:                        | Shirley Garvin                         |                                         |                                                                                                                        |
| Mailing address:                           | 710 Cedar Place Ft. Pierce, FL 34950   |                                         |                                                                                                                        |
| Property tax ID #:                         | 2410-601.0148.000/9                    |                                         |                                                                                                                        |
| Original purchase date:                    | 6-20-2016                              | Original purchase price:                | 4600.31                                                                                                                |
| 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:       | Shirley Garvin                         | Relationship to owner(s)                | Self                                                                                                                   |
| Telephone #:                               | :                                      | Mobile phone #:                         | 772-940-9370                                                                                                           |
| E-mail:                                    | Shirleya.garvin@gmail.com              | Preferred contact method:               |                                                                                                                        |
| What are owner(s) intentions for property: | To Sell                                |                                         |                                                                                                                        |
| Are there current code violations?         | <input type="checkbox"/> No            | <input checked="" type="checkbox"/> Yes | Explain: (please attached notice)<br>② Lot Mowing, ① Demolition                                                        |
| Is property listed for sale?               | <input type="checkbox"/> No            | <input checked="" type="checkbox"/> Yes | If yes, what is listing price?<br>35,000 <sup>00</sup>                                                                 |
| Is property under contract for sale?       | <input type="checkbox"/> No            | <input checked="" type="checkbox"/> Yes | If yes, what is the sale price?<br>33,000 <sup>00</sup>                                                                |

City incurred charges (lot clearing, demolition, etc)

\$ 983.64

Administrative fees

\$ 1200.00

Interest

\$ 2385.55

Penalties

\$ 478.44

TOTAL AMOUNT DUE TO CITY

\$ 5047.63

DOLLAR AMOUNT REQUESTING TO BE WAIVED

\$ 5047.63

DOLLAR AMOUNT I AGREE TO PAY

\$ \_\_\_\_\_

Signature of Owner or Representative

1/26/22  
Date

Shirley Garvin  
Printed Name

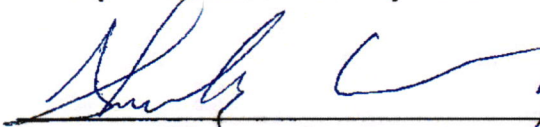
OWNER / REPRESENTATIVE REQUEST TO PROCESS APPLICATION

|                   |  |
|-------------------|--|
| Property Address: |  |
|-------------------|--|

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.

 1/26/22 Shirley Garvin  
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.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Margaret M. Arraiz 2/16/22 Margaret M. Arraiz  
City Representative      Date      Printed Name



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CITY OF FORT PIERCE  
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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 Katherine Calderon (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: 712 Cedar Place, Ft. Pierce, FL 34950

Property Owner: Shirley Garvin

Mailing Address: 710 Cedar Place, Ft. Pierce, FL 34950

Telephone #: \_\_\_\_\_ Cell Phone #: 772-940-9370

E-Mail Address: Shirleygarvin@gmail.com

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

I, Shirley Garvin, 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 purchased this property in the Tax lien process.  
The violations were incurred before my ownership and I  
was NOT aware of any violations on the property.

Date: 1/26/22

Signed: [Signature]

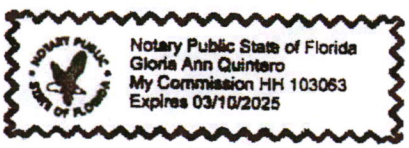
Print Name: Shirley Garvin

STATE OF FLORIDA

COUNTY OF ST. LUCIE

PERSONALLY APPEARED before me, the undersigned authority Shirley Garvin 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 Driver license as identification.

SWORN TO AND SUBSCRIBED before me this 26 day of January, 2022.



[Signature]  
Notary Public, State of Florida