



THE SUNRISE CITY
FORT PIERCE
 CODE ENFORCEMENT
Florida

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

Date:	10-29-21			
Property address:	2604 AVENUE E			
Owner(s) of record:	CAMILLE			
Mailing address:	6119 NW HELMSDALE WAY PSC FL 34983			
Property tax ID #:				
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:	RUSSELL BACASCO		Relationship to owner(s)	NEW OWNER
Telephone #:	561 602 2001		Mobile phone #:	561 602 2001
E-mail:	S00DIRECT FL@gmail		Preferred contact method:	PHONE
What are owner(s) intentions for property:	build new single family home			
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?	

City incurred charges (lot clearing, demolition, etc)	\$ _____
Administrative fees	\$ _____
Interest	\$ _____
Penalties	\$ _____
TOTAL AMOUNT DUE TO CITY	\$ _____
DOLLAR AMOUNT REQUESTING TO BE WAIVED	\$ 2116.01
DOLLAR AMOUNT I AGREE TO PAY	\$ 0

RAM
 Signature of Owner or Representative

 Date

Russell Bacasco
 Printed Name



RECEIVED

OCT 29 2021

CITY OF FORT PIERCE
 COMMUNITY RESPONSE
 Code Enforcement &
 Animal Control

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: 2604 AVENUE E

Property Owner: CAMILLE

Mailing Address: 6119 NW HELMSDALE WAY, PSL FL 34983

Telephone #: 561 602 2001 Cell Phone #: 561 602 2001

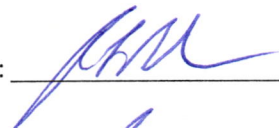
E-Mail Address: SODDIRECTFL@gmail.com

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

I, Russell Brasco, 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 want to redevelop the area with a new single family home and lush landscaping. I will greatly improve the area. I am hoping I can get a reduction in liens on this property. I promise to keep it maintained and looking beautiful

Date: 10-29-21

Signed: 

Print Name: Russell Brasco

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