



THE SUNRISE CITY
FORT PIERCE
 CODE ENFORCEMENT
Florida

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NOV 22 2023

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.

All requests for a reduction of a lien must comply with the following:

1. All code enforcement liens must be complied prior to the Department accepting the request.
2. The request must be made by the owner. If the request is made by any other interested party, written proof of permission to act on the owner's behalf must be provided.
3. You must provide a copy of your deed. If title was transferred via Special Warranty Deed or Warranty Deed, you are responsible for contacting the guaranteeing party to have the lien addressed.
4. Be specific when completing your statement. If you are claiming medical or financial hardship, attach supporting documentation (i.e. doctor's statement or proof of income). Use extra pages if necessary.
5. Complete the application form and attach to your request. Multiple applications may be submitted with each request.
6. An application fee of \$250.00 per request shall be applied when the request is finalized.
7. Requests for reduction of all liens imposed by the City of Fort Pierce are governed by Rule 15 of the City's Rules & Regulation for the Special Magistrate. A copy of the rule is attached to the application for your reference. A full copy of the Rules & Regulations can be found on the City's website or can be provided upon request.

Property Address: 510 N 6TH ST FORT PIERCE FL 34950

Parcel ID #: 2403 705 0151 000 0

Property Owner: CEPHUS CRUICKSHANK

Mailing Address: 2312 N 44TH ST FORT PIERCE FL 34946

Telephone #: 4077655730 Cell Phone #: _____

E-Mail Address: JACQUES.CHESTER@CBREALTY.COM

Number of Applications: 1

REQUEST FOR REDUCTION OF PENALTY –STATEMENT

I, JACQUES CHESTER, do hereby affirm that I am the owner of the property identified on this request or have provided proof from the owner to act on his/her behalf. I submit this statement in request for a reduction of the penalty imposed and in support offer the following:

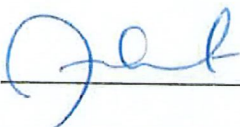
I WOULD LIKE TO PAY ALL ADMINISTRATION HARD COST
MINUS THE DAYS OPEN MONTHLY FEE.

PLEASE INITIAL:

I acknowledge that I have been provided a copy of Rule 15 of the Rules of Procedure for the Special Magistrate.

I am requesting that my application for lien reduction be processed administratively through the Rules of Procedure Sec. 15(B). I understand the requirements to be met and that I waive my right to a hearing before the Special Magistrate.

I am requesting that my application for lien reduction be considered, and a determination made by the Special Magistrate

Signature: 

Date: 11-22-23

FOR OFFICE USE ONLY:		RECEIVED DATE: <u>11/27/2023</u>
OWNERSHIP INFORMATION:		
<input checked="" type="checkbox"/> Copy of deed provided	<input type="checkbox"/> Proof of proxy	YES / NO <u>Schedule for hearing</u>
REDUCTION TYPE:		
<input checked="" type="checkbox"/> Code lien # <u>1</u>	<input type="checkbox"/> Nuisance abatement lien # _____	<input type="checkbox"/> Demolition lien # _____
REQUEST TYPE:		
<input type="checkbox"/> Fast Track	<input checked="" type="checkbox"/> Special Magistrate Review / Hearing date: _____	



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CTION OF LIEN APPLICATION

CITY OF FORT PIERCE
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A separate application must be submitted for each lien type.
When completing the application form, only complete the amounts due for the request type.

Date:	11/22/2023		
Property address:	510 N 6 th St		
Owner(s) of record:	Cephus Cruickshank		
Mailing address:	2312 N 44 TH ST FORT PIERCE FL 34946		
Property tax ID #:	2403-705-0151-000-0		
Original purchase date:	8-8-14	Original purchase price:	
Property is used for:	<input type="checkbox"/> Single Family	<input type="checkbox"/> Multi-family	<input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Vacant Lot
Name of person requesting reduction:	JACQUES CHESTER	Relationship to owner(s)	BROKER OF RECORD
Telephone #:	4077655730	E-Mail:	JACQUES.CHESTER@CBREALTY.COM
Type of Lien	<input checked="" type="checkbox"/> Code Enforcement	<input type="checkbox"/> Lot Clearing / Nuisance Abatement	<input type="checkbox"/> Demolition

TYPE OF FEE	AMOUNT DUE	AMOUNT OFFERED
Daily fine total (CODE LIENS ONLY) Case# 18-1201	\$ 89,050.00	\$ 0
Recording Fees	\$ 40.00	\$ 0
City incurred fees (MAY NOT BE REDUCED)	\$ _____	\$ 0
Administrative Fees	\$ _____	\$ 0
Interest	\$ _____	\$ 0
Penalties	\$ _____	\$ 0
TOTAL AMOUNT	\$ 89,090.00	\$ 0

11-22-23

JACQUES CHESTER

Signature of Owner or Representative

Date

Printed Name

This instrument prepared by:
Heather Young
Assistant County Attorney
St. Lucie County
2300 Virginia Avenue
Ft. Pierce, FL 34982

QUIT-CLAIM DEED

THIS QUIT-CLAIM DEED, made this 1st day of August, 2014, by CAPITAL C, INC., a Florida corporation, ("Grantor") and CEPHUS CRUICKSHANK ("Grantee"):

WHEREAS, on May 19, 2014, Grantor purchased the real property described below (the "Property") at a tax deed sale; and

WHEREAS, because of an inadvertent error in the notice provided for the sale, the Grantor has agreed to convey his interest in the Property to Grantee, the former owners of the Property, in return for a refund of the tax deed sale price and other agreed upon compensation.

WITNESSETH, that the Grantor, for and in consideration of the sum of \$10.00, the receipt whereof is hereby acknowledged, does hereby remise, release and quit-claim unto the Grantee forever, all the right, title, interest, claim and demand which the Grantor has in and to the following described lot, piece or parcel of land, situate, lying and being in the County of St. Lucie, State of Florida, to-wit:

Assessor's Map of N Part of Fort Pierce, Blk 17 L W 5 feet of Lot 9 and all of Lot 11

TO HAVE AND TO HOLD the same together with all and singular appurtenances thereto belonging or in anyway appertaining, and all the estate, right, title, interest, lien, equity and claim whatsoever of the Grantor, either in law or equity, to the only proper use, benefit and behoof of the Grantee forever.

IN WITNESS WHEREOF, the undersigned Grantor have hereunto set their hands and seals this 1 day of August 2014.

Attest:

By: _____

Name: _____

Title: _____

Grantor:
Capital C, Inc., a Florida corporation

By: [Signature] 8/1/14

Name: James Croy Crowley

Title: President

(Seal)

Signed, sealed, and delivered
in our presence as witnesses:

Carol A. Bishop

Print: CAROL A. BISHOP

Janet L. Causi

Print: Janet L. Causi

STATE OF Florida
COUNTY OF St Lucie

The foregoing instrument was acknowledged before me this 1 day of August, 2014, by James Corey Crowley. Said person (Check one) is personally known to me, produced a driver's license (issued by a state of the United States within the last five (5) years as identification, or produced other identification, to wit _____.

Carol A. Bishop

Notary Public, State of _____

Typed or Printed Name of Notary _____

Commission No.: _____

My Commission expires: _____

