



REQUEST FOR A REDUCTION OR RESCINDMENT OF
BUILDING VIOLATION LIENS

Date:	MAY 21, 2024		
Property address:	605 DELAWARE AVE, FORT PIERCE, Fla		
Owner(s) of record:	A & F INVESTMENTS LLC		
Mailing address:	P.O. BOX 615, RICHMOND VA 24641		
Property tax ID #:	UNKNOWN 2410-342-001-000-3		
Original purchase date:	5-25-2003 5-25-2003	Original purchase price:	525,000 525,000
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:	DAVID WHALEY LINDA WHALEY	Relationship to owner(s):	son-in-law & daughter of the deceased owners
Telephone #:	804-241-2523	Mobile phone #:	804-241-2523
E-mail:	whaley18@verizon.net	Preferred contact method:	EMAIL
What are owner(s) intentions for property:	Trying to sell the property		
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 checked="" type="checkbox"/> No <input type="checkbox"/> Yes	If yes, what is the sale price	

5/23/2003

AMOUNT OF FINE / LIEN

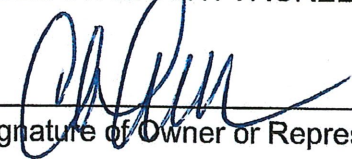
\$ 56,840 - FINANCED

DOLLAR AMOUNT REQUESTING TO BE WAIVED

\$ 55,000 -

DOLLAR AMOUNT I AGREE TO PAY

\$ 1,840 -


Signature of Owner or Representative

5-21-24
Date

FOR LESS than ~~the current~~ ^(current) the current Rent asking price is 1.1 million MUST forgive

over 100,000 in back payments and owner insurance @ 30%

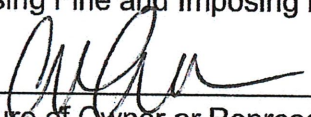
OWNER / REPRESENTATIVE REQUEST TO PROCESS APPLICATION

Property Address:	
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I acknowledge that I have been provided a copy of Rule 15 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. 15(a,b), I understand the requirements to be met and that I waive my right to a hearing before either the Special Magistrate or City Commission.

I am requesting that my application for lien reduction be processed through the Rules of Procedure Sec. 15(a,c,d), I understand the requirements to be met and that my request will be heard and determination made by the Special Magistrate that authorized Order Assessing Fine and Imposing Lien.



Signature of Owner or Representative

5-24-24

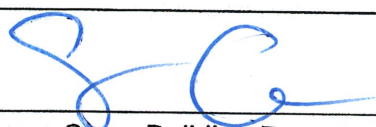
Date

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 does not agree to process the application as requested by the signing party.

Comments:



Shaun Coss, Building Department Coordinator

5/24/24

Date

REQUEST FOR REDUCTION OF PENALTY FOR BUILDING VIOLATIONS

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), contact Katherine Calderon (772-467-3149) for cost / fees breakdown.
7. For building violation liens (those imposed by a Special Magistrate or Code Enforcement Board), contact Elizabeth Beck (772-467-3712) for cost / fees breakdown.
8. 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.
9. Return this form, the application and any other pertinent documentation to the Building Department.
10. Requests for Reduction / Rescindment of building violation liens are governed by Rule 15 of the City's Rules & Regulation for Code Enforcement Board and Special Magistrate.

Property Address: 605 DELAWARE

Property Owner: A&F INVESTMENTS LLC

Mailing Address: new address:
3921 VICTORIA LANE, MIDLOTHIAN, VA 23113

Telephone #: 804-241-2523 Cell Phone #: 804-241-2523

E-Mail Address: Whaley18@verizon.net

Is the property in compliance? yes If not, please explain in the narrative of your request.

I, David Whaley, 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:

My deceased in-laws, Allen & Francis Gray, owners of A&F Investments, LLC both suffered from dementia and alzheims disease. When they passed several years ago, Wayne Gray took over their estate. Unfortunately, he begin to develop issues. About 7 months ago, Wayne Gray, sent me a file box full of mail. I went thru the mail and discovery this problem. I got in contact with Mrs. Beck and she explained the problem. The tenant, Ascend Grocery, hired a contractor to replace the A.C. units. The contractor never got the work inspected, they told Wayne Gray that they did everything. Finally, I forced the contractor to do the inspection (after 7 months) and after he ^{had} said everything was completed. The work is finally finished please reduce the ~~amount~~ ^{amount} or forgive the govt. We did the best we could.

Signed: David Whaley Date: 5-20-24

Print Name: David Whaley

STATE OF ~~FLORIDA~~ Virginia
CITY OF Richmond
COUNTY OF ST. LUCIE

PERSONALLY APPEARED before me, the undersigned authority DAVID WHALEY 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 VA DRIVER'S License as identification.

SWORN TO AND SUBSCRIBED before me this 20th day of May, 2024.

[Signature]
Notary Public, State of ~~Florida~~ Virginia

