



THE SUNRISE CITY
FORT PIERCE
 CODE ENFORCEMENT
Florida

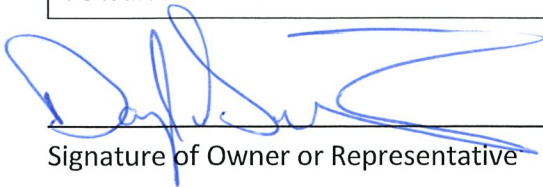


REDUCTION OF LIEN APPLICATION

A separate application must be submitted for each lien type.

Date:	2-4-2025				
Property address:	202 Gardenia Ave				
Owner(s) of record:	Darryl Gilliam Aida Esquivel				
Mailing address:	202 Gardenia Ave				
Property tax ID #:					
Original purchase date:		Original purchase price:	\$115,000		
Property is used for:	<input checked="" type="checkbox"/> Single Family	<input type="checkbox"/> Multi-family	<input type="checkbox"/> Commercial	<input type="checkbox"/> Industrial	<input type="checkbox"/> Vacant Lot
Name of person requesting reduction:	Darryl Gilliam		Relationship to owner(s)	Self	
Telephone #:	772 985 3420		E-Mail:	darryl.gilliam@cityof-fort-pierce.com	
Type of Lien	<input 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)	\$ _____	\$ _____
Recording Fees	\$ _____	\$ _____
City incurred fees (MAY NOT BE REDUCED)	\$ _____	\$ _____
Administrative Fees	\$ _____	\$ _____
Interest	\$ _____	\$ _____
Penalties	\$ _____	\$ _____
TOTAL AMOUNT	\$ _____	\$ _____

 2-4-25
 Signature of Owner or Representative Date

Darryl Gilliam
 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.

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. If requesting a hearing, an application fee of \$250.00 per request shall be paid to the Finance Department prior to submitting your request.
7. Requests for reduction of all liens imposed by the City of Fort Pierce are governed by Part 5 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:

202 Gardenia Ave

Parcel ID #:

Property Owner:

Darryl Gilliam Aida Esquivel

Mailing Address:

202 Gardenia Ave

Telephone #:

772 985 3420

Cell Phone #:

E-Mail Address:

darryl.gilliam@yahoo.com

Number of Applications:


REQUEST FOR REDUCTION OF PENALTY –STATEMENT

I, Darryl Gilliam, 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 am now in compliance and it has been a rough process to meet compliance, from obtaining a permit, to being put on hold by contractors to having to take it down and do again. Covid cancer loosing toes and being hospitalized from diabetes to heart issues im still standing. Still strong. Please have mercy and wave the fines or reduce to where im able to pay over a 12 month period

PLEASE INITIAL:

- I acknowledge that I have been provided a copy of Part 5.4 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. 5.4. 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: 2-4-2025

FOR OFFICE USE ONLY:	RECEIVED DATE:	(STAMP)
OWNERSHIP INFORMATION:		
<input type="checkbox"/> Copy of deed provided	<input type="checkbox"/> Proof of proxy	YES / NO
REDUCTION TYPE:		
<input type="checkbox"/> Code lien # _____	<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: _____	

