




REDUCTION OF LIEN APPLICATION

A separate application must be submitted for each lien type.

Date:	01/22/2025		
Property address:	409 & 411 Cedar Place		
Owner(s) of record:	Cedar Place LLC		
Mailing address:	1860 SW Fountainview Blvd #100, Port St. Lucie, FL 34986		
Property tax ID #:	2403-705-0135-000-2		
Original purchase date:	8/7/2023	Original purchase price:	\$30,000.00
Property is used for:	<input type="checkbox"/> Single Family	<input checked="" type="checkbox"/> Multi-family	<input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Vacant Lot
Name of person requesting reduction:	Jacques Chester	Relationship to owner(s)	Real Estate Broker
Telephone #:	407.765.5730	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)	\$ _____	\$ <u>0</u> _____
Recording Fees	\$ _____	\$ <u>0</u> _____
City incurred fees (MAY NOT BE REDUCED)	\$ _____	\$ <u>0</u> _____
Administrative Fees	\$ _____	\$ <u>0</u> _____
Interest	\$ _____	\$ <u>0</u> _____
Penalties	\$ _____	\$ <u>0</u> _____
TOTAL AMOUNT	\$ _____	\$ <u>0</u> _____


 Signature of Owner or Representative

01/22/2025
 Date

Jacques Chester
 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: 409 & 411 Cedar Place Fort Pierce Fl 34950

Parcel ID #: 2403-705-0135-000-2

Property Owner: Cedar Place LLC

Mailing Address: 1860 SW Fountainview Blvd #100, Port St. Lucie, FL 34986

Telephone #: 2012819638 Cell Phone #: 4077655730

E-Mail Address: Jacques.Chester@cbrealty.com

Number of Applications: 2

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:

TO PAY THE ADMINISTRATIVE COST RELATED TO THESE VIOLATIONS.

PLEASE INITIAL:



I acknowledge that I have been provided a copy of Part 5.4 of the Rules of Procedure for the Special Magistrate.

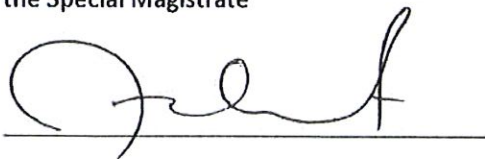


I am requesting that my application for lien reduction be processed administratively through the Rules of Procedure Sec. 5.4. I understand the requirements to be met and that I waive my right to a hearing before the Special Magistrate.



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

Signature:



Date:

1-22-2025

FOR OFFICE USE ONLY:

RECEIVED DATE:

OWNERSHIP INFORMATION:

Copy of deed provided Proof of proxy YES / NO

REDUCTION TYPE:

Code lien # _____ Nuisance abatement lien # _____ Demolition lien # _____

REQUEST TYPE:

Fast Track Special Magistrate Review / Hearing date: _____