




### REDUCTION OF LIEN APPLICATION

A separate application must be submitted for each lien.

Date:	9/23/25		
Property address:	1507 Avenue I, Fort Pierce, FL 34951		
Owner(s) of record:	Greit LLC		
Mailing address:	2005 SW Driftwood St Port Saint Lucie, FL 34953		
Property tax ID #:	240481500040006		
Original purchase date:	1/5/2018	Original purchase price:	66,000
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:	Devon Gibbs	Relationship to owner(s)	Owner of Greit LLC
Telephone #:	772-224-0095	E-Mail:	Devgibbs@hotmail.com
Type of Lien	<input type="checkbox"/> Building Lien		

TYPE OF FEE	AMOUNT DUE	AMOUNT OFFERED
Daily fine total	\$ _____	\$ _____
Recording Fees	\$ _____	\$ _____
City incurred fees (MAY NOT BE REDUCED)	\$ _____	\$ _____
Administrative Fees	\$ _____	\$ _____
Interest	\$ _____	\$ _____
Penalties	\$ _____	\$ _____
<b>TOTAL AMOUNT</b>	<b>\$ _____</b>	<b>\$ _____</b>

  
 \_\_\_\_\_ 9/23/25 \_\_\_\_\_  
 Signature of Owner or Representative      Date      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 applied 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: 1507 Avenue I, Fort Pierce, FL 34956

Parcel ID #: 240481500040006

Property Owner: Greit LLC

Mailing Address: 2005 SW Driftwood St  
Port Saint Lucie, FL 34953

Telephone #: 772-224-0095 Cell Phone #: 772-224-0095

E-Mail Address: Devgibbs@hotmail.com

Number of Applications: 1

REQUEST FOR REDUCTION OF PENALTY – STATEMENT

I, Devon Gibbs, 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 tried to comply in a timely manner by hiring GC Rod Waller last June 2024. I don't know what took him so long to get plans and permits approved. Ultimately, I had the deck demolished to come into compliance and stop fines. I'd much appreciate simply settling for City costs

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: 9/23/25

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

