



REDUCTION OF LIEN APPLICATION

A separate application must be submitted for each lien.

Date:	1-12-2026		
Property address:	1206 Orange Avenue		
Owner(s) of record:	Edson Delicieux		
Mailing address:	2114 N 43rd Street Fort Pierce, FL 34946		
Property tax ID #:	2409-517-0001-000-5		
Original purchase date:	08-01-2014	Original purchase price:	\$25,000
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:	Edson Delicieux	Relationship to owner(s)	Self
Telephone #:	(772) 271-8001	E-Mail:	mteger38@yahoo.fr
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	\$ _____	\$ _____
TOTAL AMOUNT	\$ _____	\$ <u>2000</u>

Edson Delicieux 01-12-26 EDSON DELICIEUX
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: 1200 Orange Avenue Fort Pierce, FL 34950
Parcel ID #: 24-09-577-0001-000-5
Property Owner: Edson Delicieux
Mailing Address: 2114 N 43rd Street Fort Pierce, FL 34946
Telephone #: _____ Cell Phone #: (772) 271-8001
E-Mail Address: mteger38@yahoo.fr
Number of Applications: _____

REQUEST FOR REDUCTION OF PENALTY – STATEMENT

I, Edson Delicieux, 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 \$2,000.00.

I ~~spen~~ lost a lot money in ~~I have~~ this building to remodeling, I don't have money, this is why I offer \$2000

PLEASE INITIAL:



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

ED



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: Edson Delicieux

Date: 01-12-26

FOR OFFICE USE ONLY:

RECEIVED DATE:

(STAMP)

OWNERSHIP INFORMATION:

Copy of deed provided Proof of proxy YES / NO

REDUCTION TYPE:

Code lien # 23-2113 Nuisance abatement lien # _____ Demolition lien # _____

REQUEST TYPE:

Fast Track Special Magistrate Review / Hearing date: _____

2/1/26