



City of Clearwater
 Planning & Development
 100 S. Myrtle Avenue
 Clearwater, FL 33756
 Phone: (727) 444-7155

Lien Reduction Application

Applicant Information

Applicant Name: **Tarantini** **Nicolo** Date: **11/20/2024**
Last First M.I.

Violation Address: **505 N Garden Ave. Clearwater, FL 33755**
Street Address Apartment/Unit #

Mailing Address: **911 E 15th Ave. Tampa, FL 33605**
Street Address City State ZIP Code

Phone: **518-852-3105** Email **Nico@interestholdings.com**

Parcel # **09-29-15-37422-** Current Lien Desired Lien
 (Can be found **002-0160** Amount: **\$465,500** Reduction: **\$0**
 @ pcpsao.org): _____

Is this property subject to a pending foreclosure? YES NO If yes, please include any documentation related to foreclosure.

Is there a pending sale on this property? YES NO If yes, when? _____

Were you the owner at the time the lien was filed? YES NO Please provide date of purchase. _____

Do you own any other properties within the City of Clearwater limits? YES NO If yes, provide addresses of all properties: _____

Residential Non-Residential
 Is the Property:

Was there an undue hardship that prevented the property from coming into compliance? If yes, please explain. Property owner deceased at time of violations

Are you currently experiencing an undue hardship that prevents you from satisfying the full lien amount? If yes, please explain. The amount owed on the lien is multiple times the value of the property itself.

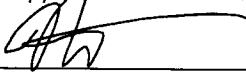
Is there a pending development or redevelopment for this property? If yes, provide permit or application information.
 No

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

I hereby certify that I have read, completed, and understand this Application and understand that if my application and all associated attachments are not complete and accurate in all respects, the application will not be scheduled for a public hearing. I further understand that this application must be complete and accurate prior to the advertising of a public hearing.

I certify that I understand that I am required to be present on the date my application for lien reduction is scheduled or the application will be void and I must then reapply.

Signature:  Date: 11/20/2024

Internal Staff Use Only

MCEB Case Number: 36.12

Assessed Property Value: _____

Reduction Application heard (MCEB) Date: Dec. 2024

Original Violation Date(s): May 2012

Type(s) of Violation: Door & Window

Date of Affidavit of Non-compliance: Aug. 2012

CDC 2012. 00775
Daily Fine imposed: \$ 250.00

Re-Inspection

Re-inspection Date: _____

Any violations existing: _____

Inspector Name: _____

Date compliance was met: _____