



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

### Lien Reduction Application

#### Applicant Information

Applicant Name: TO BRUCE Date: 4/14/25  
Last 1126 TANGERINE First LLC M.I.

Violation Address: 1126 TANGERINE ST. CLEARWATER FL 337  
Street Address Apartment/Unit #

Mailing Address: 5590 64TH AVE PINELLAS PARK FL 33781  
Street Address City State ZIP Code

Phone: 813 777 5130 Email BRUCE@WINWINREACTYGROUP.COM

Parcel # (Can be found @ pcpar.org): 10-29-15-33534-003-0300  
Current Lien Amount: 14,103.25 Desired Lien Reduction: \$ 1000.00

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:  
1520 DR MARTIN LUTHER KING AVES CLEARWATER FL 33755  
2154 BENEFORD ST. UNIT 208 + 203 CLEARWATER  
15150 VERONA AVE CLEARWATER FL 33760 33760  
5857 157TH AVE CLEARWATER FL 33760

Is the Property: Residential  Non-Residential

Was there an undue hardship that prevented the property from coming into compliance? If yes, please explain.  
WAS NOT AWARE OF FINES

Are you currently experiencing an undue hardship that prevents you from satisfying the full lien amount? If yes, please explain.  
YES BUILDING NEW HOUSE WITH CONSTRUCTION LOAN.

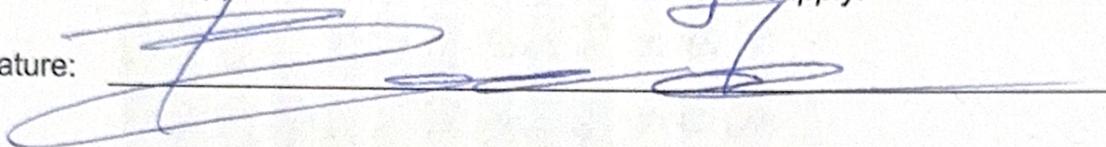
Is there a pending development or redevelopment for this property? If yes, provide permit or application information.  
BUILDING NEW HOME PERMIT # BCP 2024-080636

**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: 4-14-25

**Internal Staff Use Only**

MCEB Case Number: \_\_\_\_\_

Assessed Property Value: \_\_\_\_\_

Reduction Application heard (MCEB) Date: \_\_\_\_\_

Original Violation Date(s): \_\_\_\_\_

Type(s) of Violation: \_\_\_\_\_

Date of Affidavit of Non-compliance: \_\_\_\_\_

Daily Fine imposed: \_\_\_\_\_

**Re-Inspection**

Re-inspection Date: \_\_\_\_\_

Any violations existing: \_\_\_\_\_

Inspector Name: \_\_\_\_\_

Date compliance was met: \_\_\_\_\_