



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

Lien Reduction Application

Applicant Information

Applicant Name: Last Sorrentino First Zachary M.I. G Date: 3/5/24
Violation Address: 1000 Grantwood Ave Clearwater FL 33759 Apartment/Unit #
Mailing Address: 6099 Honey Suckle Lane Brooksville FL 34602
Phone: 352-428-8628 Email Zach@revolvinvestments.com

Parcel # 08-29-16-99101-069-0186 (Can be found @ pcpa.org): Current Lien Amount: Unsure total Desired Lien Reduction: \$ 0

- 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. 11/29/2023
- Do you own any other properties within the City of Clearwater limits? YES NO If yes, provide addresses of all properties:

Is the Property: Residential Non-Residential

Was there an undue hardship that prevented the property from coming into compliance? If yes, please explain. N/A

Are you currently experiencing an undue hardship that prevents you from satisfying the full lien amount? If yes, please explain. N/A

Is there a pending development or redevelopment for this property? If yes, provide permit or application information. N/A

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:

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: