



**The City of Fort Lauderdale Community Redevelopment Agency
Northwest - Progresso - Flagler Heights
Residential Facade and Landscaping Program Application**

INSTRUCTIONS: You must be the property owner to complete this application. Only one (1) application per household will be processed. For more information or to request assistance in completing this application, please contact the Fort Lauderdale Community Redevelopment Agency at (954) 828-4508 or 8229.

Return to: The City of Fort Lauderdale Community Redevelopment Agency, 914 Sistrunk Boulevard, Suite 200, Fort Lauderdale, FL 33311.

Name: Emily Chance-Render

Property Address: 1714 NW 8 ct

Mailing Address (If different from above): _____

Home Phone: (754) 234-7348 Cell Phone: (754) 234-7348

E-Mail Address: Render Emily Shops@gmail.com

Type of Improvement Requested: Paint ☒ Landscape ☒

I HEREIN CERTIFY, REPRESENT AND WARRANT THAT I AM THE SOLE PROPERTY OWNER OF THE ADDRESS ABOVE AND NO OTHER PARTY'S SIGNATURE IS REQUIRED TO APPROVE THE IMPROVEMENTS. I FURTHER CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

APPLICANT'S SIGNATURE: Emily Chance-Render DATE: 02-13-23

PRINT NAME: Emily Chance-Render

RIGHT OF ENTRY AND LIABILITY WAIVER AGREEMENT

This Agreement is by and between, Emily Chance-Rice
(the "Owner(s)") of the property commonly identified as:

17 NW 8 Ct

Folio No(s): 504264070030

Fort Lauderdale Fla

City/Town

Street (attach legal description if available) (referred to hereafter as the "Property")

And

Fort Lauderdale Community Redevelopment Agency, a community redevelopment agency organized pursuant to Chapter 163, Part III of the Florida Statutes ("NPFCRA").

RECITALS

Whereas, the NPFCRA was created in part to improve the appearance of the Northwest, Progresso Flagler Heights Community Redevelopment Area ("CRA Area"); and

Whereas, the NPFCRA has created a program for exterior improvements for owners in the CRA Area, which may provide, at the discretion of the NPFCRA, up to \$5,000 for certain exterior improvements to existing homes.

TERMS

Now therefore, in consideration of one or more of the following activities to be conducted on the Property, the Owner(s) thereof hereby grants to NPFCRA a right of entry and access to the Property and waives liability against NPFCRA, its employees, agents and public officials, for activities conducted under this Agreement in order to conduct one or more activities on the Property:

- (1) painting of the exterior, in accordance with the selection made by the Owner;
 (2) landscaping, in accordance with the selections made by the Owner.

Owner may select a contractor from a list of approved contractors created by NPFCRA. Alternatively, Owner may select a qualified contractor of its own choosing. Before the NPFCRA will make any disbursements, the Owner must provide adequate and sufficient documentation that it has procured a minimum of three (3) bids from qualified contractors, and upon selecting one of the bids, Owner must provide a copy of the contract between the Owner and the Contractor, a copy of the contractor's license and proof of insurance and such other information as requested by the NPFCRA. The NPFCRA reserves the right to reject any contractor it deems unqualified in its sole discretion. Further, if a notice of commencement is required, the NPFCRA must be listed on the Notice as an additional party to receive notice to owner. The NPFCRA shall make one disbursement to the Owner when the work is completed and inspected by the NPFCRA. Notwithstanding, the NPFCRA reserves the right to issue a joint check payable to the Owner and the Contractor and to withhold payment to the Owner and issue a check directly to a subcontractor or lien or providing notice to owner to the NPFCRA. In some instances, the NPFCRA may require partial and/or final releases of liens in its sole discretion.

This right of entry and waiver of liability granted by the Owner(s) is a requirement in order to access the funds under the Residential and Landscaping Program (the "Program"), which was established by the Fort Lauderdale Community Redevelopment Agency Board of Commissioners. The purpose of the Program is to provide assistance to qualified home owners to landscape, paint the exterior of their homes and/or complete other improvements to the façade of their homes.

This right of entry and access to the Property is hereby granted by the Owner to the NPFCRA and its contractors and their subcontractors thereof, employees, and authorized agents, for the purpose of accomplishing the above purpose. The Owner agrees and warrants to hold harmless NPFCRA, its officers, agents, employees or assigns for damage of any type, whatsoever, either to the above described Property or to any persons present thereon and hereby releases, discharges and waives and releases NPFCRA from any action against NPFCRA, its officers, agents, employees, or assigns from all liability to Owner(s), Owner(s)'s children, relatives, guests, representatives, assigns, or heirs, for defects in the work product, bodily injury, death or property damage that Owner(s) may suffer in connection with any activities on the Property, whether caused solely or partially by the NPFCRA, its officers, agents, employees, or assigns.

I/we have read this Right of Entry and Liability Waiver Agreement, or it has been read to me/us, and I/we fully understand its terms, understand that I have given up substantial rights by signing it, am aware of its legal consequences, and have signed it freely and voluntarily without any inducement, assurance, or guarantee being made to me and intend for my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

After the improvements are completed, Owner agrees to maintain the improvements at his or her expenses. NPFCRA shall have no obligation to maintain the improvements. Further, NPFCRA shall have no liability for any defects in the quality of the work product.

Owner understands and acknowledges if it does not understand the legal consequence of signing this Agreement, it is encouraged to seek the advice and counsel of an attorney.

WHEREOF, the undersigned has caused this Right of Entry and Waiver of Liability Agreement to be executed on this 13 day of 02, 2023

[SIGNATURE PAGE FOLLOWS]

IN WITNESS WHEREOF, the Parties hereto have made and executed this Agreement on the date first above written.

Property Owner(s):

Emily Chan Render

[Print Name]

[Print Name]

[Signature]

[Signature]

Witness:

Deborah Martinez

[Signature]

Deborah Martinez

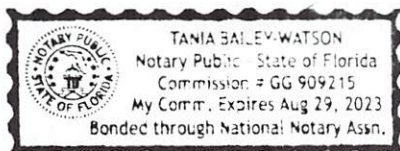
[Print Name]

STATE OF FLORIDA
COUNTY OF BROWARD

The foregoing instrument was acknowledged before me this 13th day of February, 2023, by Emily Chan - Render and _____ by means of ☒ physical presence or ☐ online notarization this _____ day of _____, 2023.

He / She is personally known to me _____ or has presented the following driver's license as identification.

(SEAL)



Tania Bailey-Watson

Notary Public, State of Florida

Name of Notary Typed, Printed or Stamped

My Commission expires: Aug. 29, 2023
Commission Number: GG909215

100-10000

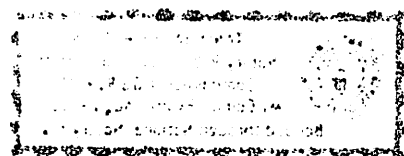
100-10000

100-10000

100-10000

100-10000


100-10000




100-10000

IN WITNESS WHEREOF, the Parties hereto have made and executed this Agreement on the date first above written.

WITNESSES:



Rebecca McLean
[Witness type or print name]



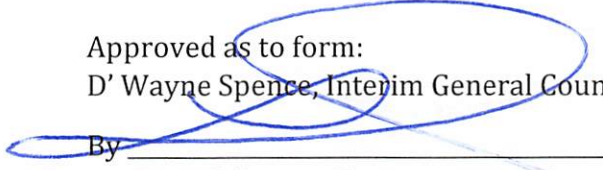
Aimee Lawson
[Witness type or print name]

**FORT LAUDERDALE COMMUNITY
REDEVELOPMENT AGENCY**, a body
corporate and politic of the State of Florida
created pursuant to Part III, Chapter 163

By: 

Greg Chavarria, Executive Director

Approved as to form:
D' Wayne Spence, Interim General Counsel

By: 

Lynn Solomon, Esq.
Assistant General Counsel

Paint Color Selection Agreement

NOTE: Please pick a Main (Body) Color, Trim Color and Accent Color from the color swatch.

Property Owner Name (Please print): Emily Chance Reiche

Property Address (Please print): 1714 NW 8th

Main (Body) Color (Please print): Shark grey

Trim Color (Please print): Sunshine yellow ginger

Accent Color (Please print): _____

The undersigned property owner hereby agrees to the paint color selection described Above. I understand that once the color selection is made, colors cannot be changed.

Emily Chance Reiche

Property Owners Signature

02-13-23

Date

Landscaping Design Selection Agreement

Property Owner Name: Emily Chance-Race
(Please print)

Property Address: 1714 NW 8ct
(Please print)

The undersigned property owner agrees to meet with the landscaper to discuss their individual design.

Emily Chance-Race
Property Owner's Signature

02-13-23
Date

Property Maintenance Agreement

Property Owner Name:
(Please print)

Emily Chance - Perdue

Property Address:
(Please print)

1714 NW 8 St

The undersigned property owner agrees to maintain the property improvements and landscaping.

Emily Chance - Perdue

Property Owner's Signature

02-18-23

Date



MARTY KIAR
BROWARD
 COUNTY
 PROPERTY APPRAISER

Site Address	1714 NW 8 COURT, FORT LAUDERDALE FL 33311-6911	ID #	5042 04 07 0030
Property Owner	CHANCE, EMILY	Millage	0312
Mailing Address	1714 NW 8 CT FORT LAUDERDALE FL 33311-6911	Use	01-01
Abbr Legal Description	LAUDERDALE HOMESITES 3-31 B LOT 5,6 BLK 1		

The just values displayed below were set in compliance with [Sec. 193.011](#), Fla. Stat., and include a reduction for costs of sale and other adjustments required by [Sec. 193.011\(8\)](#).

* 2023 values are considered "working values" and are subject to change.

Property Assessment Values

Year	Land	Building / Improvement	Just / Market Value	Assessed / SOH Value	Tax
2023*	\$14,850	\$149,020	\$163,870	\$74,160	
2022	\$14,850	\$149,020	\$163,870	\$72,000	\$1,177.43
2021	\$14,850	\$149,630	\$164,480	\$69,910	\$1,161.62

2023* Exemptions and Taxable Values by Taxing Authority

	County	School Board	Municipal	Independent
Just Value	\$163,870	\$163,870	\$163,870	\$163,870
Portability	0	0	0	0
Assessed/SOH 96	\$74,160	\$74,160	\$74,160	\$74,160
Homestead 100%	\$25,000	\$25,000	\$25,000	\$25,000
Add. Homestead	\$24,160	0	\$24,160	\$24,160
Wid/Vet/Dis	0	0	0	0
Senior	0	0	0	0
Exempt Type	0	0	0	0
Taxable	\$25,000	\$49,160	\$25,000	\$25,000

Sales History

Date	Type	Price	Book/Page or CIN
12/7/1995	WD	\$33,600	24312 / 909
6/1/1994	WD	\$7,000	22318 / 631
10/1/1988	WD	\$100	
11/1/1988	QCD	\$100	
8/1/1981	WD	\$2,500	

Land Calculations

Price	Factor	Type
\$3.00	4,950	SF
Adj. Bldg. S.F. (Card, Sketch)		1321
Units/Beds/Baths		1/2/1
Eff./Act. Year Built: 1996/1995		

Special Assessments

Fire	Garb	Light	Drain	Impr	Safe	Storm	Clean	Misc
03						F1		
R								
1						1		

W/Gr: METROPOLITAN TITLE
#111111: 3323 W. Commercial Blvd., #100
#111111: Ft. Lauderdale, FL 33309

This Instrument Prepared by: S.A. ROBINSON

Name: HABITAT FOR HUMANITY OF BROWARD, INC.
Address: 1501 S. Federal Highway, #400
Pompano Beach, FL 33062

Property Appraiser's Parcel Identification

File Number(s): 0204-07-003

Office of the U.S. Marshal

WARRANTY DEED
FROM CORPORATION

95-573350 T#009
12-2A-95 12:21PM

\$ 235.20
DOCU. STAMPS-DEED

RECVD. BROWARD CTY
B. JACK OSTERHOLT

COUNTY ADMIN.

BK 24312PG0909

- SPACE ABOVE THIS LINE FOR PROCESSING DATA

- SPACE ABOVE THIS LINE FOR RECORDING DATA

This Warrant **Beed**, Made and executed the day of December 1995, by HABITAT FOR HUMANITY OF BROWARD, INC., a Not-for-Profit corporation, a corporation existing under the laws of the State of FLORIDA, and having its principal place of business at 1501 S. Federal Highway, #400, Pompano Beach, FL 33062, hereinafter called the grantor, to EMILY CPANCE, a single woman, whose post-office address is 1714 N.W. 8 Ct., Ft. Lauderdale, FL 33311, hereinafter called the Grantee.

(Wherever used herein the terms "Grantor" and "Grantee" include all the parties to this instrument, singular and plural, and the heirs, legal representatives, and assigns of individuals, and the successors and assigns of corporations, wherever the context so admits or requires.)

Witnesseth, That the Grantor, for and in consideration of the sum of \$ 10.00----
and other valuable considerations, receipt whereof is hereby acknowledged, by these presents does grant,
bargain, sell, alien, remise, release, convey and confirm unto the Grantee, all that certain land, situate in
BROWARD County, State of FLORIDA, viz:

Lots 5 and 6, Block 1, LAUDERDALE HOMESITES, according to the Plat thereof, recorded in Plat Book 3, Page 31, of the Public Records of Broward County, Florida

Subject to taxes for the year 1995 and subsequent years, reservations, restrictions and easements of record.

Subject to Mortgage in favor of Grantor of even date herewith and to
Second mortgage in favor of City of Ft. Lauderdale, of even date hereof

*Together, with all the tenements, hereditaments and appurtenances thereto belonging or in anywise appertain-
ing.*

To Have and to Hold, the same in fee simple forever.

And the Grantor hereby covenants with said grantee that it is lawfully seized of said land in fee simple; that it has good and lawful authority to sell and convey said land; that it hereby fully warrants the title to said land and will defend the same against the lawful claims of all persons whomsoever; and that said land is free of all

In Witness Whereof, the said Grantor has caused these presents to be executed in its name, and its corporate seal to be hereunto affixed, by its proper officers thereunto duly authorized, the day and year first above written.

HABITAT FOR HUMANITY OF BROWARD, INC.
Name of Grantee

Signed, sealed and delivered in the presence of:

Witness Signature

KATHARINE S. BARRY

Printed Name: _____

Winnet Signaler

S. A. ROBINSON
Printed Name

President (Signature)
P. LEWIS FRAZAR, EXEC. DIRECTOR AND
AUTHORIZED AGENT

1501 S. Federal Highway. #400

Pompano Beach, FL 33062

09
13
94

BUREAU of VITAL STATISTICS

CERTIFICATION OF DEATH

STATE FILE NUMBER: 2022185597

DATE ISSUED: OCTOBER 14, 2022

DECEDENT INFORMATION

DATE FILED: OCTOBER 12, 2022

NAME: ROY RENDER JR
AKA: WILLIE RENDER
DATE OF DEATH: OCTOBER 2, 2022
DATE OF BIRTH: AUGUST 23, 1958
PLACE OF DEATH: VITAS HOSPICE
FACILITY NAME OR STREET ADDRESS: BROWARD HEALTH MEDICAL CENTER
LOCATION OF DEATH: FORT LAUDERDALE, BROWARD COUNTY, 33316
RESIDENCE: 1714 N.W. 8TH COURT, FORT LAUDERDALE, FLORIDA 33311, UNITED STATES
OCCUPATION, INDUSTRY: LABORER, CONSTRUCTION
EDUCATION: 9TH THRU 12TH GRADE; NO DIPLOMA
HISPANIC OR HAITIAN ORIGIN? NO, NOT OF HISPANIC/HAITIAN ORIGIN
RACE: BLACK OR AFRICAN AMERICAN
SEX: MALE
SSN: 267-39-3634
AGE: 064 YEARS
BIRTHPLACE: POMPAÑO BEACH, FLORIDA, UNITED STATES
EVER IN U.S. ARMED FORCES? NO
COUNTY: BROWARD

SURVIVING SPOUSE / PARENT NAME INFORMATION

(NAME PRIOR TO FIRST MARRIAGE, IF APPLICABLE)

MARITAL STATUS: MARRIED
SURVIVING SPOUSE NAME: EMILY CHANCE
FATHER'S/PARENT'S NAME: ROY RENDER SR
MOTHER'S/PARENT'S NAME: SARAH NEIL

INFORMANT, FUNERAL FACILITY AND PLACE OF DISPOSITION INFORMATION

INFORMANT'S NAME: EMILY RENDER
RELATIONSHIP TO DECEDENT: WIFE
INFORMANT'S ADDRESS: 1714 N.W. 8TH COURT, FORT LAUDERDALE, FLORIDA 33311, UNITED STATES
FUNERAL DIRECTOR/LICENSE NUMBER: RICHARD A KURTZ, F046309
FUNERAL FACILITY: ROY MIZELL & KURTZ FUNERAL HOME F040429
1305 NW 6TH ST, FORT LAUDERDALE, FLORIDA 33311
METHOD OF DISPOSITION: BURIAL
PLACE OF DISPOSITION: SUNSET MEMORIAL GARDENS
FORT LAUDERDALE, FLORIDA

CERTIFIER INFORMATION

TYPE OF CERTIFIER: CERTIFYING PHYSICIAN
TIME OF DEATH (24 HOUR): 1919
CERTIFIER'S NAME: ORLY ROBIN HADAR
CERTIFIER'S LICENSE NUMBER: ME135809
NAME OF ATTENDING PRACTITIONER (IF OTHER THAN CERTIFIER): NOT APPLICABLE
MEDICAL EXAMINER CASE NUMBER: NOT APPLICABLE
DATE CERTIFIED: OCTOBER 6, 2022

CAUSE OF DEATH AND INJURY INFORMATION

MANNER OF DEATH: NATURAL
CAUSE OF DEATH - PART I - AND APPROXIMATE INTERVAL: ONSET TO DEATH
a. METABOLIC ENCEPHALOPATHY

b.
c.
d.

PART II - OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I:

AUTOPSY PERFORMED? NO
DATE OF SURGERY:
REASON FOR SURGERY:
PREGNANCY INFORMATION: NOT APPLICABLE
DATE OF INJURY: NOT APPLICABLE
LOCATION OF INJURY:
DESCRIBE HOW INJURY OCCURRED:
AUTOPSY FINDINGS AVAILABLE TO COMPLETE CAUSE OF DEATH?
DID TOBACCO USE CONTRIBUTE TO DEATH? UNKNOWN
TIME OF INJURY (24 HOUR):
INJURY AT WORK?

PLACE OF INJURY:
IF TRANSPORTATION INJURY, STATUS OF DECEDENT:
TYPE OF VEHICLE:

Kim Jones

STATE REGISTRAR

REQ: 2024511649

THE ABOVE SIGNATURE CERTIFIES THAT THIS IS A TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE.

WARNING:

THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH WATERMARKS OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARKS. THE DOCUMENT FACE CONTAINS A MULTICOLORED BACKGROUND, GOLD EMBOSSED SEAL, AND THERMOCHROMIC FL. THE BACK CONTAINS SPECIAL LINES WITH TEXT: THIS DOCUMENT WILL NOT PRODUCE A COLOR COPY.

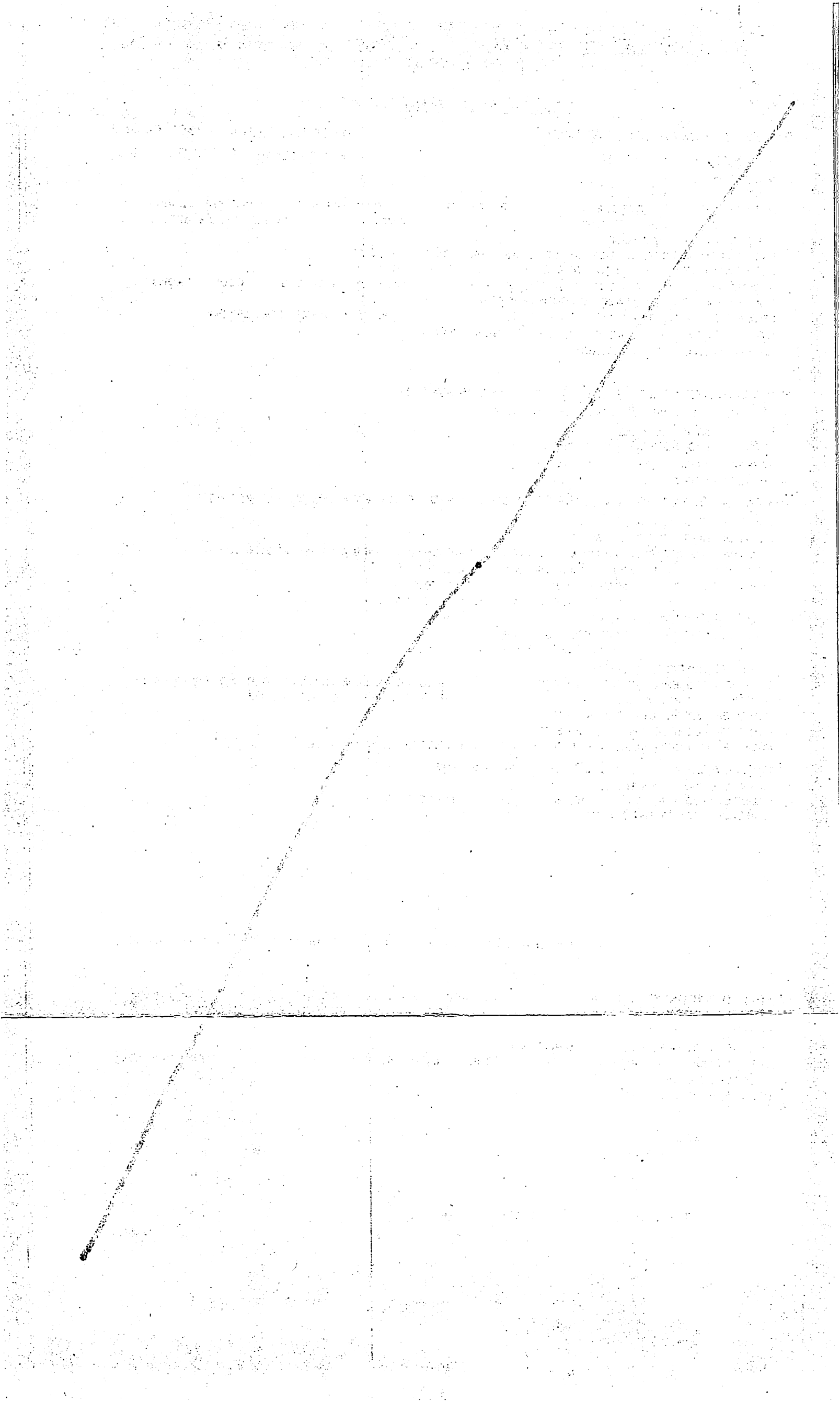


* 6 0 2 3 4 6 6 5 *

DH FORM 1947 (03-13)

CERTIFICATION OF VITAL RECORD







CITY MANAGER'S OFFICE

DOCUMENT ROUTING FORM

Rev: 3 | Revision Date: 9/1/2022

1L

TODAY'S DATE: 2/15/2023DOCUMENT TITLE: CRA Residential Facade & Landscaping Agreement - Emily Chance - RenderCOMM. MTG. DATE: 2/17/21 CAM #: 21-1146 ITEM #: R-2 CAM attached: ☒ YES ☐ NORouting Origin: CRA Router Name/Ext: 4508 Action Summary attached: ☒ YES ☐ NOCIP FUNDED: ☐ YES ☒ NO

Capital Investment / Community Improvement Projects defined as having a life of at least 10 years and a cost of at least \$50,000 and shall mean improvements to real property (land, buildings, or fixtures) that add value and/or extend useful life, including major repairs such as roof replacement, etc. Term "Real Property" include land, real estate, realty, or real.

2) City Attorney's Office: Documents to be signed/routed? ☒ YES ☐ NO # of originals attached: 1Is attached Granicus document Final? ☐ YES ☐ NO Approved as to Form: ☐ YES ☐ NODate to CCO: 2/27/23 Attorney's Name: Lynn Solomon Initials: LS3) City Clerk's Office: # of originals: 1 Routed to: _____ Ext: _____ Date: 02/27/234) City Manager's Office: CMO LOG #: FEB-28 Document received from: CCO 02/27/23Assigned to: GREG CHAVARRIA ☐ ANTHONY FAJARDO ☐ SUSAN GRANT ☐
GREG CHAVARRIA as CRA Executive Director ☐☐ APPROVED FOR G. CHAVARRIA'S SIGNATURE ☐ N/A G. CHAVARRIA TO SIGN

PER ACM: A. FAJARDO _____ (Initial) S. GRANT _____ (Initial)

☐ PENDING APPROVAL (See comments below)

Comments/Questions: _____

Forward ☒ originals to ☐ Mayor ☒ CCO Date: 02/28/23

5) Mayor/CRA Chairman: Please sign as indicated.

Forward _____ originals to CCO for attestation/City seal (as applicable) Date: _____

INSTRUCTIONS TO CITY CLERK'S OFFICE

City Clerk: Retains _____ original and forwards 1 originals to: Jonelle A CRA/4508 (Name/Dept/Ext)Attach _____ certified Reso # _____ ☐ YES ☐ NO Original Route form to CAO