MARION COUNTY BOARD OF COUNTY COMMISSIONERS

APPLICATION FOR APPOINTMENT TO ADVISORY BOARD

APPLICATION DATE:	September 29, 2025
BOARD NAME:	Planning and Zoning Commission- Full Term
	PERSONAL INFORMATION
Occupation: Insura If Retired, previous occu Address: 5100 \cdot City: Ocala Phone#: 352 4	A. Neville ance Risk Consultant, also Real Estate Broker pation: W. Anthony Rd State: FL ZIP: 34475 38 8138 le@james-neville.com
	fferent from residence):
	State: ZIP:
If yes, please submit a s	her personal information exempt under Florida Statute 119.07? Yes No \underline{X} gned Marion County Public Records Act Exempt Form (available upon request). orm of communication? Phone Mail Email \underline{X}
_	ected in accordance with Florida Statute, Section 760.80, for the purpose of statistical reporting with diversity and inclusion guidelines. Your responses will be kept confidential and will not
Gender: Male X	emale Prefer not to disclose
Physically Disabled: Ye	s No _X Prefer not to disclose
	n Native-American Caucasian Other Asian -American Prefer not to disclose
Are you a registered vot	er? Yes _X No
Do you own homestead	property in Marion County? Yes X No
	arion County or have relatives that are Marion County employees? Yes No _X ion, department and/or relationship to County employee and their position/department

Page 1 of 3 Rev 12.13.24

Do you currently work for an entity or agency that either receives funding from, or has a contract with the County to perform services? Yes No \underline{X}
Are you, your spouse, or children, currently an officer, director, or partner in any entity or agency that receives funding from, or has a contract with the county? Yes $\underline{\hspace{0.5cm}}$ No $\underline{\hspace{0.5cm}}$
If yes, please submit a signed FORM 4a - Disclosure of Business Transaction, Relationship, or Interest. (Available upon request).
Have you been convicted (including a withholding of adjudication), pled guilty or pled to a Nolo Contendere (no contest) to a misdemeanor or felony (including a criminal traffic violation)? Yes X No DUI, Jacksonville, FL 1984 Case 86-00309-MM A 'YES' answer will not automatically disqualify you from serving on an advisory board. The nature, severity, and date of the offense will be considered in relation to the position. If unsure about the details of a criminal case, contact the relevant agency to ensure accuracy when reporting your history. Failure to do so may result in removal from the board. If you answered 'YES,' please provide details. You may use an additional sheet if needed.
WHY DO YOU DESIRE TO SERVE ON THIS/THESE BOARDS? (Include current or previous work experience; community involvement; interests/activities) I wish to serve on the Planning and Zoning Commission in order to have a voice in the growth of Marion County, and advising the County Commissioners on changes/modifications to the Comprehensive Plan, Zoning Code and Land Development Code. I am a strong supporter of the Farmland Preservation Area.
SERVING ON OTHER BOARDS
Do you currently serve on any other boards in Florida, or are you an elected or appointed state, county (Marion County or other county) or municipal ("city") office holder? Yes No X If yes, which board? [Important: You may not serve on more than one (1) Substantive Board: Board of Adjustment; Code Enforcement Board; License Review Board; Land Development Regulation Commission; Historical Commission; Hospital District Board of Trustees; Housing Finance Authority Industrial Development Authority Tourist Development Council Development Advisors Council Development Authority Tourist Development Council Development Advisors Council Development Council Development Advisors Council Development Council
Authority; Industrial Development Authority; Tourist Development Council; Parks and Recreation Advisory Council) Have you ever served on a City or County advisory board? Yes X No
If yes, when, where and which board(s)?
City of Richmond, CA Economic Development Commission 1995-97
REFERENCES - Please list three (3) personal and/or business references (PLEASE DO NOT USE COMMISSIONERS or COUNTY ADMINISTRATION STAFF as REFERENCES)
Name: Amber Huff
Phone Number: Email:
Name: Stan Kays Phone Number: Email: _ Email: _
Name: Robert Morgan Phone Number: Temail: r

Page 2 of 3 Rev 12.13.24

INITIAL: authorize Marion County to contact my references application may be verified by Marion County.	and I understand that all statements made on this
INITIAL: I understand the responsibilities associated with being if appointed.	
INITIAL. I agree to complete training within six (6) months from	n the date of my appointment.
INITIAL: J. I understand that submitting this application make disclosure under applicable laws unless exempt under Florida Staprovided and their suitability for public release.	s all provided information public record, subject to tute 119.071. I confirm the accuracy of all details
By signing this application, I certify that the information I provid any misstatements or material omissions on my application may	
any misstatements or material omissions on my application may	
any misstatements or material omissions on my application may	result in my removal from my appointed position.

This application will be kept on file for a period of one year from date of receipt by the Board of County Commissioners.

RETURN FORM TO:

MARION COUNTY BOARD OF COUNTY COMMISSIONERS 601 SE 25th Avenue, Ocala, FL 34471 Or via email to: Commissionadmin@marionfl.org

PLEASE CALL THE COMMISSION OFFICE AT (352) 438-2323 IF YOU HAVE ANY QUESTIONS REGARDING YOUR APPLICATION.

Page **3** of **3**