December 6, 2024

PROJECT NAME: WATERMAIN CONNECTION (WELL REQUEST)

PROJECT NUMBER: 2024110043

APPLICATION: DRC WAIVER REQUEST #32239

1 DEPARTMENT: FRMSH - FIRE MARSHAL REVIEW

REVIEW ITEM: LDC 6.14.2.B(1)(A) - Connection Requirements

STATUS OF REVIEW: INFO

REMARKS: N/A

2 DEPARTMENT: UTIL - MARION COUNTY UTILITIES

REVIEW ITEM: LDC 6.14.2.B(1)(A) - Connection Requirements

STATUS OF REVIEW: INFO

REMARKS: DENIED - connection required per LDC 6.14.2.B(1)(A); primary springs protection zone;

BMAP

3 DEPARTMENT: ENGDRN - STORMWATER REVIEW

REVIEW ITEM: LDC 6.14.2.B(1)(A) - Connection Requirements

STATUS OF REVIEW: INFO

REMARKS: Defer to Marion County Utilities.

Note: If the connection to water is required via WM, please ensure Contractor restores the ROW back to

existing grade.

ARH 32239.



Marion County Board of County Commissioners

Office of the County Engineer

412 SE 25th Ave. Ocala, FL 34471 Phone: 352-671-8686 Fax: 352-671-8687

DEVELOPMENT REVIEW COMMITTEE WAIVER REQUEST FORM

	Date: 11/20/2024	e: 11/20/2024 Parcel Number(s): 9018-0319-08			Permit Number: 2024111166		
A.	PROJECT INFO	RMATION: Fill in bel	ow as applicable:			Moderatemo	
	Droject Name: Wate	er main connection (we	ill request)		Commercial	Residential 🗸	
	Subdivision Name	(if applicable): Silver S	Springs Shores		COMMICIONAL F	Successivent	
	Unit 18 Place	k 319 Lot 08		······································			
	Omt_10Dioc	KO10 LOLOO	IIdot	••			
B. PROPERTY OWNER'S AUTHORIZATION: The property owner's signature authorizes the applicant to act o						icant to act on the	
	owner's behalf for this waiver request. The signature may be obtained by email, fax, scan, a letter from the prope						
	owner, or original signature below.						
	Name (print): Marco Enderica						
	Signature:						
	Mailing Address:	16 REDWOOD RUN T	RAK OCALA FL 34	472-6009	City: Ocala		
	State: FL	_Zip Code: 34472	Phone # <u>352.34</u>	2.1708			
	Email address: End	dericamarco@hotmail.d					
C.	APPLICANT INFORMATION: The applicant will be the point of contact during this waiver process and will rece all correspondence. Firm Name (if applicable): Mid-State Home Solutions, LLC Contact Name: Christopher Wynn Mailing Address: 4348 NE 12th Street City: Ocala State: FL Zip Code: 34470 Phone #352.427.7482						
	Email address: cwy	nnconstruction@yaho/	o.com				
D.	WAIVER INFORMATION: Section & Title of Code (be specific): Reason/Justification for Request (be specific): 150' connection distance; 270' extension to farthest corner						
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Received By: Kriston Date Processed: W22/2024 Project # 2024-11 0043 AR # 37239							
Zo	ned:ESC	el of record: Yes D N DZ:P.O.M Verified by (Land Use:	Plat V	Vacation Required:	Yes 🛛 No 🗖	

Revised 6/2021

From: Chris Wynn cwynnconstruction@yahoo.com &

Subject: Marco map waterline

Date: November 19, 2024 at 2:10 PM

To: Chris Wynn cwynnconstruction@yahoo.com





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Sincerely, Chris Wynn MID-STATE Home Solutions, LLC CRC1329729/HI6810 352.427.7482.

"If you can dream it, we can build it!"



