



**Marion County
Board of County Commissioners**

33245

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

21548-000-00

Date: 8-19-25 Parcel Number(s): 21 548000- 00 Permit Number: _____

A. PROJECT INFORMATION: Fill in below as applicable:

Project Name: Black Label Marine Commercial ☒ Residential ☐
Subdivision Name (if applicable): _____
Unit _____ Block _____ Lot _____ Tract _____

B. PROPERTY OWNER'S AUTHORIZATION: The property owner's signature authorizes the applicant to act on the owner's behalf for this waiver request. The signature may be obtained by email, fax, scan, a letter from the property owner, or original signature below.

Name (print): Back to Basic Properties, LLC., John W. Duggan, Jr.
Signature: *John W. Duggan, Jr.*
Mailing Address: 4211 NW Blitchton Rd City: Ocala
State: FL Zip Code: 34482 Phone # 352-817-8985
Email address: _____

C. APPLICANT INFORMATION: The applicant will be the point of contact during this waiver process and will receive all correspondence.

Firm Name (if applicable): Clymer Farner Barley, Inc. Contact Name: Beau Clymer, P.E.
Mailing Address: 406 E Silver Springs Blvd, Suite 200 City: Ocala
State: FL Zip Code: 34470 Phone # 352-748-3126
Email address: permitting@cfb-inc.com & bclymer@cfb-inc.com

D. WAIVER INFORMATION:

Section & Title of Code (be specific): 6.11.4.B Cross Access (Parallel Access)
Reason/Justification for Request (be specific): CFB attended a DRC staff meeting on 7/10/25, in which staff explained the cross access requirment between the subject parcel and adjacent eastern parcel under the same ownership.
This project proposes display parking for high-value boats along the frontage of US 27. Proposing cross access on this project will jeopardize the security of these boats outside of normal business hours.

DEVELOPMENT REVIEW USE:

Received By: emailed emailed 8/19/25 Date Processed: 8/20/2025 Project # _____ AR # _____

ZONING USE: Parcel of record: Yes ☐ No ☐ Eligible to apply for Family Division: Yes ☐ No ☐ Zoned: _____
ESOA: _____ P.O.M. _____ Land Use: _____ Plat Vacation Required: Yes ☐ No ☐ Date Reviewed: _____
Verified by (print & initial): _____



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