

MARION COUNTY BOARD OF COUNTY COMMISSIONERS
APPLICATION FOR APPOINTMENT TO ADVISORY BOARD

APPLICATION DATE: 10/28/2024

BOARD NAME: LAND DEVELOPMENT REVIEW COMMISSION (LDRC)

PERSONAL INFORMATION

Title: Mr. Mrs. Ms.
Name: RICHARD V BUSCHE
Address: 7375 NW 121ST AVENUE
City: OCALA State: FL ZIP: 34482
Phone#: 352-427-4428
E-mail Address: richard.busche@kimley-horn.com
Occupation: Civil Engineer
If Retired, previous occupation: _____

PREFERRED MAILING ADDRESS (IF DIFFERENT FROM RESIDENCE):

Address: SAME
City: _____ State: _____ ZIP: _____

Is your address or any other personal information exempt under Florida Statute 119.70? Yes ___ No
If yes, please submit a signed Marion County Public Records Act Exempt Form (available upon request).

What is your preferred form of communication? Phone ___ Mail ___ Email

Are you a registered voter? Yes No ___

Do you own homestead property in Marion County? Yes No ___

Are you employed by Marion County or have relatives that are Marion County employees? Yes No ___

If yes, please provide position, department and/or relationship to County employee and their position/department
MY BROTHER IN-LAW IS A PLANS EXAMINER IN THE MARION COUNTY BUILDING DEPARTMENT.
DAVID PITTMAN.

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 ___ My engineering consulting firm (Kimley Horn) provides design services to the County.

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 ___ No

If yes, please submit a signed FORM 4a - Disclosure of Business Transaction, Relationship, or Interest.

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 ___ No

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 HAVE SERVED ON THE LDRC FOR OVER 10 YEARS. I HAVE EXPERIENCE CREATING CODE LANGUAGE FOR MARION COUNTY. I WORK AS A CIVIL ENGINEER WHO MUST PREPARE PLANS AND APPLICATIONS THAT THE CODE GOVERNS, SO I HAVE A LOT OF EXPERIENCE IMPLEMENTING THE CODE.

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? I CURRENTLY SERVE ON THE LDRC.

(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; 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)? LDRC

REFERENCES - Please list three (3) personal and/or business references

(PLEASE DO NOT USE COMMISSIONERS AS REFERENCES)

Name: HARVEY VANDEVEN
Phone Number: 352-266-2834 Email: harveyvandeven@gmail.com

Name: TRACY STRAUB
Phone Number: 352-438-2307 Email: tracy.straub@marionfl.org

Name: THAD BOYD
Phone Number: 352-804-8170 Email: tboyd@boyddevelopment.net

INITIAL: R I authorize Marion County to contact my references and I understand that all statements made on this application may be verified by Marion County.

INITIAL: R I understand the responsibilities associated with being a board member, and I have adequate time to serve if appointed.

INITIAL: R I agree to complete training within six (6) months from the date of my appointment.

By signing this application, I certify that the information I provided in this application is true and correct, and that any misstatements or material omissions on my application may result in my removal from my appointed position.

SIGN: [Signature]

PRINT: RICHARD V. BUSCHIE

10.28.2024

RECEIVED BY BCC: _____

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.